

Daniel Krasn

Printed Name

Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Statements.** This form must be signed by hand where a signature is required.

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्रित्वसम्बद्धाः । इतिहासिक्षाः		ille ette kang selven			
Friends of	Bryan Callahan		SAS ASSAMBLE		
रहें। विक्रीण दिन	Walings and				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-E	lection	Pre-Election
-					
☐ Cycle 6	⊠ Cycle 7	☐ Cycle 8		☐ Cv	cle 9
-	,		l Flortion	•	ost-Special Election
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	ii Election	30 Day 1 C	ost Special Election
Part I – If this for committee, the transfer of a full report by a statement in lies.	easurer must sign a candidate, the c	here. If this form i andidate must sig	is submit In here. Ij	ted with a f this form	statement in liet is submitted witl
I declare under pethat the accompa	enalty of perjury of anying Campaign	under the law of t Finance Statemer	he Comr nt is true	and corre	h of Pennsylvania ect.
Signature of Treasurer, Candidate, or Lobbyist Date (MM/DD/YYYY)					

Location (City/State/Country)

DSEB-503S Updated 1/5/2022



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Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania is true and correct.

Date (DD/MM/YYYY)

Bryan Callahan

Printed Name

Between, PA, USA Location (City/State/Country)



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		Report	Filed B		andida			Committee	VScore III	V	Lobby	/ist	
Number	- 1	(Mark	(X)	L				L			<u> </u>		لبال
Name of Filing Committee, Ca Lobbyist	indidate or	Friends	of Bryan	Callahan									
Street Address		633 Ma	in Street								,		
City Bethlehe	em			S	tate	PA		Zip Code	18018				
Type of Report (Place x under	report type)												
1-6 th Tuesday 2- 2 nd Friday	3- 30 Day Post 4	- 6th Ti	uesday	5- 2 nd F	riday	6-301	ay Post	7- Annual	Special 2	nd Friday	Speci	al 30 C	ay
Pre-Primary Pre-Primary		re- Ele		Pre- Ei	ection	Election	n		Pre-Elect	ion	Post-l	Electio	n
Date Of Election (MM/DD/YYYY)		Year				Amen Repor	iment t		Terminal Report	ion			
Summary of Receipts and	From Date		To Date					For	Office Use	Only			
Expenditures	12/8/2023	-	12	/31/2023	<u> </u>								
A. Amount Brought Forward	From Last Report	\$:	2,107.47									
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	\$		0									
C. Total Funds Available (Sum of Lines A and B)		\$	\$ 2,107.47										
D. Total Expenditures (From Schedule III)		\$:	1,451.81									
E. Ending Cash Balance (Subtract Line D from Line C)		\$		655.66					ē				
F. Value of In-Kind Contributi (From Schedule II) G. Unpaid Debts and Obligati (From Schedule IV)		\$											
				Affi	davit Se	ction							
Part 1- If this is a Committee report swear (or affirm) that this report								dgo and holiof	truo cerroct	and comple	at a		
Sworn to and subscribed before n		neu sch	edules O	ii papei, i	s to the	Dest Of 1) kilowiei) /	· //	and comple			
day of	20					and different	gen)	/Em					
								of Person Sub		t	*******		
Signature			٢			لــــار	aniel	Printed Nar	ne +				
Ţ.			, !			484			6-968	r			
My Commission expires MO.	DAY YR.	-				Area Code		Da Da	aytime Teleph	one Numb	er		
Part II- If this is a report of a Cand	lidate's Authorized C	ommit	tee, cand	lidate sha	ll sign h	ere.					······································		
I swear (or affirm) that to the bes amended.							iolated an	y provisions of	the Act of Ju	ne 3, 1937	(P.L. 133	3, NO.	320) as
Sworn to and subscribed before n	ne this			in the contract of the contrac									
day of	20	,	٠,	Oil mile to finish the									
Signature		•	.	Light son property									
My Commission expires		_		to deligate the section of the section of									
MO.	DAY YR.			Ì			-	naj	yume retepno	one Numbe	er		
	r												

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1 Hallandard Constitution and P. 1 . Apr co.	-	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)) \$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)) \$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee	THE STATE OF THE S				14.73 14.73
House #	Street Address			Date [MM/DD/YYYY]	\$
NA 4.	<u> </u>				
City	<u>. ,</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		WAX	4.54.75.75.75		
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
	- Frankrigh				M
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
P-11 **	-Author 1	The Line	ALTO ALTERNATION AND AND ADDRESS OF THE ADDRESS OF		
Full Name of Co Committee	intriputing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					4.0
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Parameter States	State	Zip Code	Date [MM/DD/YYYY]	\$
			STATE OF THE STATE		
Full Name of Co	ontributing		<u>'</u>	Date [MM/DD/YYYY]	\$
Committee	To the state of th			Data Faranta - 1	+ -
House #	Street Address	···	_ _	Date [MM/DD/YYYY]	\$
	sugaranys)	12-			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
[3434]			1.54 74 74		1 1

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Number:				

ntributor			Date [MM/DD/YYYY]	\$
	/ 2000/2000 000000000000000000000000000			
Street Address			Date [MM/DD/YYYY]	.
	State	Zip Code	Date [MM/DD/YYYY]	
ntributor			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	<u> </u> \$
ntributor	Hanay Anna San		Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	\$
			The state of the s	
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	
Street Address			Date [MM/DD/YYYY]	\$
June Condition			<u> </u>	
The second secon	State	Zip Code	Date [MM/DD/YYYY]	\$
	Street Address Street Address	Street Address State Street Address State Street Address State Street Address State State	Street Address Street Address State Zip Code Atributor Street Address State Zip Code	Street Address Date [MM/DD/YYYY]

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of				Date [MM/DD/YYYY]	 \$
Contributing Co	mmittee				
House #	Street Addres	s		Date [MM/DD/YYYY]	
City	para milandahan dari ka	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	
Contributing Co	ommittee				†
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City	I spanish a distribution of the con-	State	Zip Code	Date [MM/DD/YYYY]	S
				Doto IAAA/DD (IDDA)	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	
House #	Street Addres	34		Date [MM/DD/YYYY]	
	Jueet Addres				7 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	sel .		Date [MM/DD/YYYY]	\$
, iouse #	oueet Audres	•5			
City			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co					
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
389348848888 1		1.02400410000	\$000 EEEEEEEEEEEEEE		1 3335H

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

ntributor		region to the transfer of the	Date [MM/DD/YYYY]	18
KI MUCU				
Street Address			Date [MM/DD/YYYY]	\$
			<u> </u>	
	State	Zip Code	Date [MM/DD/YYYY]	\$
	1 1000000000000000000000000000000000000		Occupation	1 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
ng Addrass /				
ntributor			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
				7
	State	7 in Code	Date [MM/DD/VVVV]	\$
	Jiaic	Zip code		
			Occupation	
		and the second of the second o		
ntributor			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	Cento	7in Codo	Data [MANA/DD/VVVVI	
	State	Zip Code	Date [MM/DD/YYYY]	\$
	State	Zip Code	Occupation	\$
	g Address / f Business ntributor Street Address Street Address Street Address sg Address / f Business ntributor Street Address ntributor	Street Address g Address / f Business ntributor Street Address State	Street Address State Zip Code g Address / f Business Street Address State Zip Code State Zip Code	Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Gocupation Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] In State Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

rijei juentincation i				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	MATERIAL PORTUGAÇÃO		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		<u> </u>	
Full Name				
House #	Street Address			
City	January	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	to the street SQC	Program place (See 1944)	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			I NEEL
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	JE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	00 (FROM PART G)	
		#	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONE DI IDING THIS DEDOI	TING S	
PERIOD (Add and enter amount totals f		1 • 1	
on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			VALUE OF \$30.01 TO \$		
Filer Identification	n Number:				
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
. an isalife of Co					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution		1 8 2 2000		
Full Name of Co	ontributor	Statistical .		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	Samuel Control				
Description of	Contribution				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				1 華祖
Full Name of C				Date [MM/DD/YYYY]	
ruil Name of C	.onc.ioucor				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				
nescribition of	CUILLINGUUII	10.65 05.06			

SCHEDULE II

Part G

In-Kind Contributions Received

		VALUE OVER \$250	
Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business		.,,	Description of Contribution
Full Name of Contributor	**************************************		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$

Zip Code

State

City

Employer Name

Place of Business

Employer Mailing Address / Principal

Date [MM/DD/YYYY]

Occupation

Description

Contribution

of

\$

Statement of Expenditures

Filer Identification Number:	
THE INCHANGED HANDELL	1 · · · · · · · · · · · · · · · · · · ·
	1
	1

To Whom Paid					Date [MM/DD/YYYY]	\$			
					12/8/2023		26.49		
House # 648	Street Address Gra	treet Address Grassmere Park					Description of Expenditure		
City Nasshville	Herri States Torres Li States H	State	TN	Zip Code	37211	Insurance			
To Whom Paid	Bergmann Zwerdling D	iroet				Date [MM/DD/YYYY]	\$		
	Bergmann zwerding D	mect				12/09/2023		970.00	
House # 1350	Street Address Cor	necticut Avenue				Description of Expendi	ture		
City Washington		State	DC	Zip Code	20036				
To Whom Paid		1000 page 1100 page 1200 page 1			An process of desires of desires on the second	Date [MM/DD/YYYY]	\$		
Dan Krasnick						12/12/2023		180	
House # 1316 Street Address Beverly avenue				Description of Expenditure					
City Bethlehem		State	PA	Zip Code	18018	Accounting-Campaign Final	nce N	lanager	
To Whom Paid						Date [MM/DD/YYYY]	\$		
	McNeill for PA					12/9/20023		100.00	
House # 1080	Street Address Sch	adt Avenu	e			Description of Expendi	ture		
City Whitehall State			PA	Zip Code	18052	Political Contribution			
To Whom Paid Go Daddy.com						Date [MM/DD/YYYY]	\$	440.00	
					12/26/2023		119.88		
House # 2150	Street Address E Warner Road					Description of Expenditure			
City Tempe		State	AZ	Zip Code	85284	Domain			
To Whom Paid					Date [MM/DD/YYYY]	\$	27.72		
The Morning Call					12/27/2023				
House # 101	1 Street Address N 6th Street				Description of Expenditure				
City Allentown		State	PA	Zip Code	18101	Subscription			
To Whom Paid				epinessissis sulve se		Date [MM/DD/YYYY]	\$		
	The Morning Call					12/27/2023		27.72	
House # 101	Street Address N	6th Street				Description of Expendi	ture	P005	
City Allentown		State	PA	Zip Code	18101	Subscription			
To Whom Paid		dan sanara				Date [MM/DD/YYYY]	\$		
House # Street Address					Description of Expenditure				
City		State		Zip			Marille		
				Code					

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

4				
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or	The states that the state of th		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	ior			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	tor			Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
House #				