

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	2.	LOBBYIST	3.																										
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Bryan Callahan																																	
STREET ADDRESS 633 Main St																																	
CITY Bethlehem			STATE PA		ZIP CODE 18015																												
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION																										
	Bethlehem City Council				Dem		MO. DAY YEAR 11 02 2020																										
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD <table border="1" style="margin: auto;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td style="text-align: center;">TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>1</td><td>1</td><td>20</td> <td></td> <td>12</td><td>31</td><td>20</td> </tr> </table> <table border="1" style="margin: auto;"> <tr> <td>CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table> <table border="1" style="margin: auto;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			MO.	DAY	YEAR	TO	MO.	DAY	YEAR	1	1	20		12	31	20	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 0.00	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0.00	AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>	FOR OFFICE USE ONLY	
MO.				DAY	YEAR	TO	MO.	DAY	YEAR																								
1				1	20		12	31	20																								
CASH BALANCE AT END OF REPORTING PERIOD:				\$ 0.00																													
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ 0.00																													
AMENDMENT REPORT?				YES		NO	<input checked="" type="checkbox"/>																										
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>																													
2ND FRIDAY PRE-PRIMARY 2.																																	
30 DAY POST-PRIMARY 3.																																	
6TH TUESDAY PRE-ELECTION 4.																																	
2ND FRIDAY PRE-ELECTION 5.																																	
30 DAY POST-ELECTION 6.																																	
ANNUAL REPORT 7. <input checked="" type="checkbox"/>																																	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.



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.

Name of Filing Committee, Candidate, or Lobbyist				
Bryan Callahan				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 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 Reports

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 Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Friends of Bryan Callahan				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.



Pennsylvania Department of State

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

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

(Handwritten signature)

Commonwealth of Pennsylvania



Campaign Finance Report

345492

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		Report Filed By :	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRYAN CALLAHAN										
Street Address: 633 MAIN ST										
City: BEHTLEHEM			State: PA		Zip Code: 18018-3801					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2020	FILING METHOD () CHECK ONE		PAPER		<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	DEM 48			
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY
		1	1	2020			12	31	2020	
A. Amount Brought Forward From Last Report				\$		25,800.39				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		25,800.39				
D. Total Expenditures (From Schedule III)				\$		6,339.03				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		19,461.36				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF BRYAN CALLAHAN	Reporting Period From: <u>1/1/2020</u> To: <u>12/31/2020</u>
--	---

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
	TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
	TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)		
	TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	0.00
--	----	------

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.

Name of Filing Committee or Candidate			Reporting Period			
From:			To:			
DATE			AMOUNT			
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

				DATE	AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate FRIENDS OF BRYAN CALLAHAN	Reporting Period From: <u>1/1/2020</u> To: <u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BRYAN CALLAHAN	From <u>1/1/2020</u> To: <u>12/31/2020</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Apollo					
Mailing Address Broad St	1	1	2020	\$	374.36
City Bethlehem				Description of Expenditure	
State PA				Team Meeting	
Zip Code (Plus 4) 18015					
To Whom Paid Paddy's Old City					
Mailing Address 228 Race	1	9	2020	\$	176.62
City Philadelphia				Description of Expenditure	
State PA				McCaffery Installation	
Zip Code (Plus 4) 19101					
To Whom Paid South Street Diner					
Mailing Address South Street	1	9	2020	\$	70.57
City Philadelphia				Description of Expenditure	
State PA				Meals Travel	
Zip Code (Plus 4) 19101					
To Whom Paid Wyndam Philadelphia					
Mailing Address 400 Arch St	1	9	2020	\$	145.22
City Philadelphia				Description of Expenditure	
State PA				Hotel Travel	
Zip Code (Plus 4) 19101					
To Whom Paid Adam Shiff					
Mailing Address Requested	1	27	2020	\$	25.00
City Requested				Description of Expenditure	
State CA				Donation	
Zip Code (Plus 4) 10010					

To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			1	28	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			2	25	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			3	24	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			4	21	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			5	19	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			6	16	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			

To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			7	14	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			8	11	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			9	9	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			10	6	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			11	3	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Morning Call			MO	DAY	YEAR	\$ 27.72
Mailing Address 6th St			12	1	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			

To Whom Paid Morning Call			MO	DAY	YEAR	
Mailing Address 6th St			12	29	2020	
City Allentown	State PA	Zip Code (Plus 4) 18105	Description of Expenditure News			
To Whom Paid Boscov			MO	DAY	YEAR	
Mailing Address LVMall			2	3	2020	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure PA system			
To Whom Paid Edge Restaurant			MO	DAY	YEAR	
Mailing Address Broad St			2	7	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure Dinner with Labor & CM			
To Whom Paid Blue Grill House			MO	DAY	YEAR	
Mailing Address Wm Penn Hwy			3	13	2020	
City Easton	State PA	Zip Code (Plus 4) 18042	Description of Expenditure Campaign meeting			
To Whom Paid Staples			MO	DAY	YEAR	
Mailing Address 2138 W Union Blvd			3	23	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure Ink			
To Whom Paid The ClubHouse			MO	DAY	YEAR	
Mailing Address 400 Illicks Mill			5	4	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18017	Description of Expenditure Golf with Labor Council President			

To Whom Paid Staples			MO	DAY	YEAR	
Mailing Address 2138 W Union Blvd			7	29	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure New Printer and Ink			
To Whom Paid Black & Gold Freedom Football			MO	DAY	YEAR	
Mailing Address 3149 Chester Rd			7	31	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Description of Expenditure Sponsorship			
To Whom Paid Whitehall Football Boosters			MO	DAY	YEAR	
Mailing Address Zepher Drive			8	19	2020	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Sponsor			
To Whom Paid Black & Gold Freedom Football			MO	DAY	YEAR	
Mailing Address 3149 Chester Rd			9	21	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Description of Expenditure Sponsorship			
To Whom Paid Walmart			MO	DAY	YEAR	
Mailing Address 3926 Linden St			9	22	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Description of Expenditure Masks & Sanitizer			
To Whom Paid Union and Finch			MO	DAY	YEAR	
Mailing Address Union St			9	22	2020	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Team Dinner for CM			

To Whom Paid Amazon Prime			MO	DAY	YEAR	
Mailing Address 400 Terry Ave North			9	15	2020	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Masks & Monthly Prime			
To Whom Paid Amazon Prime			MO	DAY	YEAR	
Mailing Address 400 Terry Ave North			10	1	2020	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Membership			
To Whom Paid Advantage PEP			MO	DAY	YEAR	
Mailing Address 647 W Union St			10	27	2020	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Consulting			
To Whom Paid Amazon Prime			MO	DAY	YEAR	
Mailing Address 400 Terry Ave North			11	3	2020	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Membership			
To Whom Paid Amazon Prime			MO	DAY	YEAR	
Mailing Address 400 Terry Ave North			12	1	2020	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Membership			
To Whom Paid Amazon Prime			MO	DAY	YEAR	
Mailing Address 400 Terry Ave North			12	31	2020	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Membership			

To Whom Paid Dolce Mamma			MO	DAY	YEAR	
Mailing Address Bath Pike			11	3	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Description of Expenditure Election Night Volunteer Food			
To Whom Paid Apollo			MO	DAY	YEAR	
Mailing Address Broad St			11	30	2020	
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure Election Celebration Food			
To Whom Paid Best Buy			MO	DAY	YEAR	
Mailing Address MacArthur Rd			12	7	2020	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Campaign laptop			
To Whom Paid Go Daddy			MO	DAY	YEAR	
Mailing Address 14455 Hayden Rd			12	24	2020	
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Web hosting			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,339.03

