#### 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	<b>&gt;</b>			REPORT FILED ON BEHALF OF	CANDIDATE	ı. X	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTE	E, CANDIDATE OR LOBBY	ıst Ta								
	E	Bryan Callahan								
STREET ADDRESS	6	633 Main St								
CITY	Bethlehem			STATE PA			18015		-	
TYPE OF REPORT	NAME OF OFFICE	SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY			GANGE TO SERVE THE SERVE T	ELECTION	
(CHECK ONE)	Bet	thlehem City Coun	ıcil		DEM		мо. 11	02		AR
6TH TUESDAY PRE-PRIMARY						$\Box$	FOR C	)FFICE	USE ONLY	
	X REPORTI	OF		DAY YEAR 5 3 21						
POST-PRIMARY	CASH	BALANCE AT END		. 0.00						
6TH TUESDAY 4. PRE-ELECTION		PORTING PERIOD:	₹'s	\$0.00						
2ND FRIDAY PRE-ELECTION	OUTS1 AT TH	FANDING DEBTS OR E END OF REPORTI	LIABILITIES							
30 DAY POST-ELECTION		AMENDMENT REPORT?	YES	NO X						
ANNUAL REPORT		TERMINATION REPORT?	YES	NO X						

#### PARTI-

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

AFFIDAVIT SECTION

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISRURSEMENTS OF



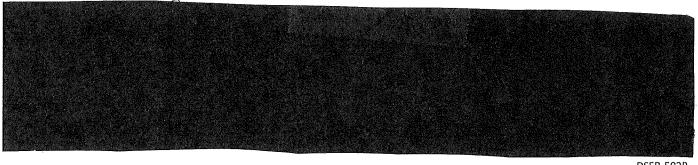
# Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**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	Name of Filing Committee, Candidate, or Lobbyist										
Bryan Callahan, Candidate											
Reporting Cycle Name											
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<b>■ Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	☐ Cycle 3  30 Day  Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election						
☐ Cycle 6  30 Day Post-Election	☐ Cycle 7  Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special	l Election	_	cle 9 ost-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.

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





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

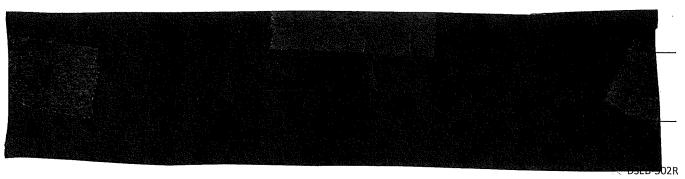
# Unsworn Declaration in Lieu of Sworn Statement for **Campaign Finance Reports**

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	Name of Filing Committee, Candidate, or Lobbyist											
Friends of Bryan Callahan												
Reporting Cycle	Reporting Cycle Name											
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election							
☐ Cycle 6  30 Day Post-Election	☐ Cycle 7  Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election	-	cle 9 ost-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.

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



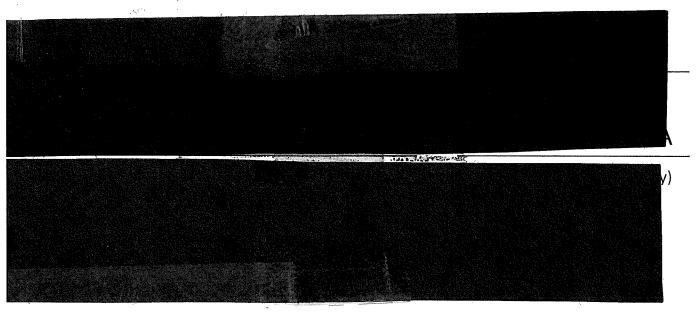


## Pennsylvania Department of State

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.



eset	

Print Form



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

Filer Identification	on	•	Repo	rt Filed B	٧	Can	dida	ite			Co	ommittee			Lobbyist	
Number			(Mai	k X)										X		
Name of Filing C Lobbyist	Committee, Ca	ndidate or	FRIE	DS OF E	BRYA	N CA	LLAF	HAN								
Street Address			633 N	IAIN ST								2001				
City	City BETHLEHEM					State					Zij	p Code	18018			
Type of Report (	Place x under	report type)			1 (2 to 2 t		SO TOTAL SERVICE				A (Sales and Sales a	Agilla, el la tara especie Adecel	aratikasang departura 1942 Salah	alienių riim suceregrus auklikas		
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection		<sup>nd</sup> Fri - Elec	-	I .	0 Day	y Post	7-	Annual	Special 2 <sup>n</sup> Pre-Electi	•	Special 3 Post-Elec	•
	$\times$															
Date Of Election (MM/DD/YYYY)		11/02/2021	Year			2021			endn ort	nent			Terminati Report	on		
Summary of Rec	eipts and	From Date	- Chillian Spirite Spanish	To Date	)	attanio estimolici ig	ativi artitu k		haraka sa	200- 1 April 1900	- College	For	Office Use (	Only	er testasser stability in Austr	The profession of the second
Expenditures		04/04/0004		05	ina ia	001		÷								
A Amount Brow	aht Eaguard I	01/01/2021 From Last Report	۲		05/03/2021											
A. Amount brou	giit roiwaiu i	Tom Last Report	\$	1:	9,461	.36										
B. Total Moneta (From Schedule		ons and Receipts	\$	\$ 15,325.0												
C. Total Funds A			\$													
(Sum of Lines A				3-	4,786	3.36										
D. Total Expendi (From Schedule			\$		481.9	92										
E. Ending Cash B	alance		\$	3	4,304	1.44										
(Subtract Line D		B!	٠,		.,											
F. Value of In-Kind Contributions Received (From Schedule II)			\$		0.00	0										
G. Unpaid Debts and Obligations			\$		0.64											
(From Schedule	IV)				0.00	U										
B-14 (fill)						Affida										
		rt, treasurer sign he , including the attac									1000	and ballaft	un correct o	nd comple	140	
1 24ACQL (OLGILLILI)	mar mis rebord	, including the attac	ineu sc	neanies Of	Thabi	er, usiti	oune	hear c	HAY!	mowied	uge a	and belief tr	ue, correct a	ma comple	ite.	

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
The lacitum ation (value)	

		ennews	The state of the s
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1)	5		
Total for the reporting period (1)	<b>ˈ</b>	,  c	0.00
2. Contributions of \$50.01 to \$250.00 (From			
Part A and Part B)			
Contributions Received from Political Committees (Part A)	1	5	275.00
All Other Contributions (Part B)	5	1	1,550.00
Total for the reporting period (2)	٠.		
Total for the reporting period (2)	) {	1	1,825.00
3. Contributions Over \$250.00 (From Part C and Part D)	nder N	en e	
Contributions Received from Political Committees (Part C)	1	<b>.</b>	7.000.00
		_ /	7,000.00
All Other Contributions (Part D)	1	5 6	5.500.00
			0,000.00
Total for the reporting period (3)	)   \$	1	13,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
	*******	4	
Total for the reporting period (4'	;		0.00
Total Monetary Contributions and Receipts during this reporting period (Add and	1	5	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report			
Cover Page, Item B)		1	15,325.00
Cover rage, item by			

#### 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.

Theriae	munca	ation Numbe				District of the second	Manual Control					
												Amount
		f Contributi	- 1							Date [MM/DD/YYYY]	\$	100.00
Commit	ittee		Ì	Allento	wn Fi	irefighter	rs IAFF L	ocal 302		04/06/2021		100.00
House #			Street A	1	1					Date [MM/DD/YYYY]	\$	
1	72	23			W C	hew St &	Suite 302	?				
City	Alla	town			·]	State	PA	Zip Code	19100	Date [MM/DD/YYYY]	\$	
	Allent						ГА		18102			
		f Contributi								Date [MM/DD/YYYY]	\$	
Commit	rtee		l	McNeill	l for F	PA				04/07/2021		175.00
House #	- 1		Street A	Address	ł					Date [MM/DD/YYYY]	\$	
	31	163			NF	ront St						
City	<u></u>	.1 "	***************************************		$\Box$	State	Γ.	Zip Code	1	Date [MM/DD/YYYY]	\$	
	White	enall					PA		18052			
		f Contributi	ing				<del>-ar-a</del> ricana mang			Date [MM/DD/YYYY]	\$	
Commit	ittee		1									
House #	#	Ţ.	Street A	۱ Address	Γ					Date [MM/DD/YYYY]	\$	
Ţ											1	
City			1		Щ	State	<u> </u>	Zip Code	1	Date [MM/DD/YYYY]	\$	
1								,			1	
		f Contribut	ing	ग्राह्मस्य गर्भः या सञ्चल	est, cycles					Date [MM/DD/YYYY]	\$	
Commi			l								1	
House #	#	],	Street A	Address						Date [MM/DD/YYYY]	\$	
1												
City			·		<del></del>	State		Zip Code		Date [MM/DD/YYYY]	\$	
1											1	
8		f Contributi	ing	ecidentalia eta dala.						Date [MM/DD/YYYY]	\$	
Commi			ļ								1	
House #	#		Street A	Address						Date [MM/DD/YYYY]	\$	
		Ì									1	
City					L	State	1	Zip Code	*	Date [MM/DD/YYYY]	\$	
Jacky 1						State		zih code		Date [INIMI/DD/1111]	3	
Full Na	me of	f Contribut	ing		CO POSSESSE		J.		J	Date [MM/DD/YYYY]	\$	
Commi			- 1								1	
House #	#		Street A	Address	<u> </u>					Date [MM/DD/YYYY]	\$	
q			1	1						, , , , , , , , , , , , , , , , , , , ,	1	
City					<del></del>	State	T	Zip Code	T	Date [MM/DD/YYYY]	\$	
,										- 200 [mini/DD/1111]	,	
١,					1	i			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.)

Steller to part of the confidence of the confide					reservable (III) A selection reservation de l'accession de la company de l'accession de l'accession de l'acces
Filer Identification Number:					
	4				
Caraca, and a few and a few and a second of the second of	A CONTRACTOR OF THE CONTRACTOR OF THE THEORY OF THE CONTRACTOR OF	TO PARTY OF STANDARD SET THE PARTY OF THE STANDARD STANDA	THE RESIDENCE OF SAME AND A SECOND CO.	reserving out in proceedings of the procedure of the confidence of	CONTRACTOR OF THE PROPERTY OF

Full Name of Contributor		an Salah salah salah san saja sarah dari kan ambagi bingganda ajada - 30 Aj	Date [MM/DD/YYYY]	\$
Sand	ra Foster McClure and Georg	ge McClure	04/02/2021	100.00
House # Street Ad	dress Scherman Blvd		Date [MM/DD/YYYY]	\$ 
City Bethlehem	State PA	Zip Code 18020	Date [MM/DD/YYYY]	\$ 
Full Name of Contributor	en e	er for a finite and a section of the first of the control of the following section	Date [MM/DD/YYYY]	\$ in film that the property and the property
Carol	I S Ritter		04/05/2021	100.00
House # 419 Street Ad	Dewberry Ave		Date [MM/DD/YYYY]	\$
City Bethlehem	State PA	<b>Zip Code</b> 18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor	1 (A)		Date [MM/DD/YYYY]	\$ The first of an increase are seen as the first through the part of the seed of
Mark	and Nuria Diluzio	04/07/2021	175.00	
House # Street Ac	ldress	Date [MM/DD/YYYY]	\$	
2919	Lark Spur Ln			
City Easton	State PA	<b>Zip Code</b> 18045	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
Mich	ael and Tina Recchiuti		04/07/2021	150.00
House # Street Ac	idress Gloria Ln		Date [MM/DD/YYYY]	\$
City Bethlehem	State PA	<b>Zip Code</b> 18017	Date [MM/DD/YYYY]	\$ 
Full Name of Contributor	MARKATAN PARTITION IN	- Pyglaka da har parkenna da parkenna kana kana da parkenna da parkenna da parkenna da parkenna da parkenna da	Date [MM/DD/YYYY]	\$
Jane	t Jackson		04/07/2021	100.00
House # Street Ac	Idress Meadow Cir		Date [MM/DD/YYYY]	\$
City Bethlehem	State PA	<b>Zip Code</b> 18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
	es R Irwin	04/07/2021	100.00	
House # Street Ac	ddress Spruce Ln	Date [MM/DD/YYYY]	\$	
	Spidoo Eii			
City	State	Zip Code	Date [MM/DD/YYYY]	\$

#### 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.)

Filer Ident	ification Number:						
	***************************************			k ling serjegat ah iku menender memalik ling orap serie beser penerbahan abada		A881 ******	
Full Name	e of Contributo		armaloniko na ili dipartipatakaka - za - zipartiba		Date [MM/DD/YYYY]	\$	
		Robert R Bro	oks		04/07/2021		175.00
House #	1885	reet Address			Date [MM/DD/YYYY]	\$	
	2224	V	Vhitehead Rd				
City	lazareth		State PA	Zip Code 18064	Date [MM/DD/YYYY]	\$	
			ra	18004			
Full Nam	e of Contributo				Date [MM/DD/YYYY]	\$	
		Dominic A Vi	llani Jr		04/08/2021		200.00
House #		reet Address		Date [MM/DD/YYYY]	\$		
	709	J	ennings Pl				
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
В	Bethlehem		PA	18017			
Full Nam	e of Contributo			Date [MM/DD/YYYY]	\$		
		Meghan C H	offner	04/22/2021		200.00	
House #		treet Address			Date [MM/DD/YYYY]	\$	
Termina	475		Pine Top Trl				
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
E	Bethlehem		PA	18017		]	
Full Nam	e of Contributo	r	***************************************	Note of the first of the second of the secon	Date [MM/DD/YYYY]	\$	
		Susan and F	lichard Master		04/28/2021		250.00
House#	l s	treet Address			Date [MM/DD/YYYY]	\$	
	250		E Macada Road				
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
E	Bethlehem		PA	18017		1	
Full Nam	e of Contributo	<b>.</b>	permission rape children	* manus enemannus enemanas (enemanas enemanas enemanas enemanas enemanas enemanas enemanas enemanas enemanas e	Date [MM/DD/YYYY]	\$	
						1	
House #	S	treet Address			Date [MM/DD/YYYY]	\$	
					19 med ded dedeemder 19 jacobs van 19 fan eeu na 19 fan heer van 19 fan 19 med de d	1	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
,				- F	2255 cm = 1500 € 7556 50 € 2556 50 € 2556 50 € 2500 50	1	
Full Nam	e of Contributo	r	* Andrews of Parameters		Date [MM/DD/YYYY]	\$	

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

House #

City

Street Address

State

Zip Code

#### 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 over \$250.00 in the reporting period.

	CONTRACTOR CONTRACTOR SERVICES AND ADDRESS.			Childhaman a a Colombia ann an Aireann an Ai	
Filer	dentification Number:				
6000000000					
	er i regi i riti i i i i i i i i i i i i i i i i	PACE OF THE PROPERTY OF THE PR	en en litteration de la commentation en transport d'étable que avec en la partie de la commentation de la comm	on extension that is the property of the prope	100 GRANDS 07-1-414 PROBLEM TO 100 PO 5-19 PO 11-

Full Name of			Date [MM/DD/YYYY]	\$	
Contributing Committee   Plumi	bers Union Local 690 Elect	ion Political Action Fund	03/24/2021		500.00
House # Street Ad	dress		Date [MM/DD/YYYY]	\$	
791	Southampton Rd				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Philadelphia	PA	19154			
Full Name of			Date [MM/DD/YYYY]	\$	
Contributing Committee   IUPA	T DC21 Political Action Fur	03/26/2021		500.00	
House # Street Ad	2002/0001	Date [MM/DD/YYYY]	\$		
2980	Southampton Rd				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Philadelphia	PA	19154			
Full Name of		L LE40 DAO	Date [MM/DD/YYYY]	\$	
Contributing Committee Int'l U	Inion of Operating Enginee	rs Local 542 PAC	03/29/2021		2,500.00
House # Street Ad			Date [MM/DD/YYYY]	\$	
13/3	Virginia Dr Ste 100				
City Fort Washington	State PA	<b>Zip Code</b> 19034	Date [MM/DD/YYYY]	\$	
		10004			
Full Name of Contributing Committee Stear	mfittara Lagal Linian No. 400	Committee on Political Educal	Date [MM/DD/YYYY]	\$	1 000 00
		Committee on Political Educat	03/30/2021		1,000.00
House # Street Ad	dress Townsend Rd Ste A		Date [MM/DD/YYYY]	\$	
11120					
City Philadelphia	State PA	<b>Zip Code</b> 19154	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Insula	ators International PAC		Date [MM/DD/YYYY]	\$	1,000.00
			04/07/2021		1,000.00
House # Street Ad	M L King Hwy		Date [MM/DD/YYYY]	<b> </b> \$	
City Lanham	State     MD	<b>Zip Code</b> 20706	Date [MM/DD/YYYY]	\$	
Full Name of					
	ds of Lisa Boscola		Date [MM/DD/YYYY]	\$	500.00
			04/16/2021		330.00
House # Street Ad	dress Palmetto Dr		Date [MM/DD/YYYY]	\$	
		[A 400 507.   1000.000.]			
City Easton	State PA	<b>Zip Code</b> 18045	Date [MM/DD/YYYY]	\$	
Easion		18045			

#### 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 over \$250.00 in the reporting period.

Filer Identification	n Number:				
Full Name of Contributing Co	mmittee France of 6	Sah Danahar DAC		Date [MM/DD/YYYY]	\$
		Bob Donchez PAC		04/12/2021	500.00
House #   377	Street Address	Devonshire Dr		Date [MM/DD/YYYY]	\$
City Bethlehe	em	State PA	<b>Zip Code</b> 18017	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	<b>ommittee</b> Greater PA	Carpenters PEC		04/15/2021	500.00
House #   1803	Street Address	Spring Garden Str	eet	Date [MM/DD/YYYY]	\$
City Philadel	phia	State PA	Zip Code 19130	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee		TO CONTRACT OF THE CONTRACT OF	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee	postage-saddfalletin-	**************************************	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S

#### 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 Numbe	er:				
Full Name of Contribut	or I			Date [MM/DD/YYYY]	<b>  \$</b>
un Name of Contribut	James Bys	szewski		04/06/2021	500.00
House#	Street Address			Date [MM/DD/YYYY]	\$
16	Street Address	University Ave		Date [MM/DD]1111]	
City Chatham		State NJ	<b>Zip Code</b> 07928	Date [MM/DD/YYYY]	\$
mployer Name Fifth Street Properties				Occupation   Managing Pa	artner
Employer Mailing Addr Principal Place of Busin		422 Thomas St, Bethl	ehem, PA 18015		
ull Name of Contribut				Date [MM/DD/YYYY]	\$
	Dennis E I	Benner		04/06/2021	2,500.00
louse #   2005	Street Address	City Line Rd Suite 106	3	Date [MM/DD/YYYY]	\$
City Bethlehem		State PA	<b>Zip Code</b> 18017	Date [MM/DD/YYYY]	\$
Employer Name		Benner and Piperato		Occupation Attorney	- Address
Employer Mailing Addi Principal Place of Busir		412 W Broad St, Beth	lehem, PA 18018	The changes of the change of t	
ull Name of Contribut	or			Date [MM/DD/YYYY]	\$
	Louis Intile	e		04/06/2021	500.00
<b>louse #</b> 1941	Street Address	Chancellor St		Date [MM/DD/YYYY]	\$
City Hellertown		State PA	<b>Zip Code</b> 18055	Date [MM/DD/YYYY]	\$
Employer Name		Fifth Street Properties	3	Occupation Founder	
Employer Mailing Addı Principal Place of Busir		422 Thomas St, Bethl	lehem, PA 18015		
ull Name of Contribut	tor			Date [MM/DD/YYYY]	\$
	M. Arif Fazil			04/07/2021	1,000.00
House # One	Street Address	East Broad St Suite 3	10	Date [MM/DD/YYYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Bethlehem		PA	18018	The second secon	

D'Huy Engineering Inc.

One East Broad Street, Suite 310 Bethlehem, PA 18018

Occupation

President

**Employer Name** 

**Employer Mailing Address /** 

Principal Place of Business

#### 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 N	lumber:				
ull Name of Cont		uahin Maraanalli		Date [MM/DD/YYYY]	\$ 500.00
	John and Ca	rolyn Morganelli		04/12/2021	300.00
louse#	Street Address		W. W	Date [MM/DD/YYYY]	\$
4602	F	alrway Rd			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Bethlehen	n	PA			
mployer Name		y League Consul	tina LLC	Occupation President	
mployer Mailing Address /					
rincipal Place of		602 Fairway Rd E	Bethlehem PA 18020		
Full Name of Contributor				Date [MM/DD/YYYY]	\$
	James F. Sto	ocklas		04/19/2021	500.00
louse#	Street Address			Date [MM/DD/YYYY]	\$
55		wo Turtles Lane		e ne engeneren na jewe terrebelet til et i forget et 1 - engelet et 1 - engelet et 1 - engelet et 1 - engelet e	
City		State	Zip Code	Date [MM/DD/YYYY]	  \$
Key West		FL	33040		
Employer Name				Occupation	
Hetirea				Retired	
Employer Mailing Principal Place of	Business /	5 Two Turtles Lar	ne Key West FL 33040		
Full Name of Cont				Date [MM/DD/YYYY]	\$
	Dino and Jos	anna Cantelmi		04/22/2021	1,000.00
House #	Street Address			Date [MM/DD/YYYY]	
2854		inden St			
City Bethlehen	n	State PA	<b>Zip Code</b>	Date [MM/DD/YYYY]	\$
Employer Nome					
Employer Name	C	antelmi Funeral I	Home	Occupation Owner & Fu	neral Director
Employer Mailing Principal Place of		311 Broadway, B	ethlehem, PA 18015		
Full Name of Con				Date [MM/DD/YYYY]	\$
					1
louse#	Street Address			Date [MM/DD/YYYY]	
nouse #	Street Address			Date [WINI/DD/1111]	\$   
100					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		200			
Employer Name				Occupation	*
Employer Mailing	Address /				
Principal Place of					

### 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.

Filer Identification I	Number:			
Full Name				
House#	Street Address			
	June Landiness	State	Zip	Date [MM/DD/YYYY]   \$
City		State	Code	Date [INIM/DD/1111] 3
Receipt Descripti	on	<u> </u>		
Full Name				
House #	Street Address		and the second s	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		Assistance and adjustification	T-outes
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	lon			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	lon			
Full Name				
House #	Street Address		U. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ilon			
Full Name				
House #	Street Address			
City	The second discussion of the second discussion	State	Zìp Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	- I strategie steller		3,000

#### 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 CONTRIBUTIONS RECEIVED-VALUE OF \$50	.00 O	PRICESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0.0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (Fi	ROM PART F)
TOTAL for the reporting period (2)	\$	0.0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	PAR	T <b>G</b> )
TOTAL for the reporting period (3)	\$	0.0
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, Report Cover Page, Item F)	\$	0.0

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
	· · · · · · · · · · · · · · · · · · ·

Full Name of Contr				Date [MM/DD/YYYY]	
ruii ivame of Contr	IDULOT			Date [WW/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
	Juliet Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Com-					
Description of Con	tripution				
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
				The Special Application of the State of the	•
House #	Street Address			Date [MM/DD/YYYY]	\$
		(e/a.c.).cod	Land to a control of the control		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	tribution	Control Control	policyle (Section Mean date of Section 1894)		(PASSES)
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
Sacratic Care Sales	1000				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	zip code	Date (MINI/DD/11/11)	3
Description of Con	tribution				
Full Name of Contr	ihutor			Date [MM/DD/YYYY]	<b>\$</b>
Turi Harric Or Corre	100.00				
House#	Street Address			Date [MM/DD/YYYY]	\$
				1900000 - 0000 - 00000000000000000000000	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	tribution				Leaster
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
11					<b>A</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1 - · · · ·			TIP COUG		
Description of Con	tribution				
	La CERTA COLLEGE				

#### SCHEDULE II Part G

# In-Kind Contributions Received

			VALUE OVER \$250	
Filer Identification	Number:			
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
				1972-000
House #	Street Address			Date [MM/DD/YYYY] \$
City	1.52 (Wichelstein 2002) Wichight Color (D. 1922) 1.11	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Proceedings of the extreme	Occupation
Employer Mailin	g Address / Principal			Description
Place of Busines				of
				Contribution
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		5.56		
Employer Name				Occupation
	g Address / Principal			Description
Place of Busines				of ·
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
F. I. N				Occupation
Employer Name				
Employer Mailin Place of Busines	ng Address / Principal			Description of
Place of Busines				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#				Date [MM/DD/YYYY] \$
nouse #	Street Address			Date [mai/DD/1111]
		logge const		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	ng Address / Principal			Description
Place of Busines	is			of Contribution
		C0905000 I		

# SCHEDULE III

# **Statement of Expenditures**

AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
Filer Identification Number:	

To Whom Paid						Date [MM/DD/YYYY]   \$		
	The Morning Call					01/26/2021 27.72		
House # 101	Street Address Nor	th 6th Str	eet			Description of Expenditure		
City Allentown		State	PA	Zip Code	18105	News		
To Whom Paid	Amazon Prime	garan da salah da sa				Date [MM/DD/YYYY] \$ 13.77		
House # 400	Street Address Ter	ry Ave N	orth			Description of Expenditure		
City Seattle	Seattle State WA Zip Code 98109					Membership		
To Whom Paid Amy Zanelli for PA						Date [MM/DD/YYYY] \$ 312.20		
House # 802 Street Address Dodson Street						Description of Expenditure		
City Fountain Hill State PA Zip Code 18018						Contribution		
To Whom Paid Go Daddy						Date [MM/DD/YYYY] \$ 36.34		
House # 14455	Street Address Hay	den Rd		Description of Expenditure				
City Scottsdale State AZ Zip Code 85260					85260	Web hosting		
To Whom Paid	Starbucks	overage on Establishmed Hel		1	the control of the second of t	Date [MM/DD/YYYY] \$ 8.91		
House # 502	Street Address E 3	rd St				Description of Expenditure		
City Bethlehem	magast table table to control of the	State	PA	Zip Code	18015	Team coffee		
To Whom Paid	The Morning Call	dentation of the service				Date [MM/DD/YYYY] \$ 27.72		
House # 101	Street Address No	th 6th St	reet			Description of Expenditure		
<b>City</b> Allentown		State	PA	Zip Code	18105	News		
To Whom Paid Amazon Prime						Date [MM/DD/YYYY] \$ 13.77		
House # 400	use # 400 Street Address Terry Ave North				Description of Expenditure			
City Seattle		State	WA	Zip Code	98109	Membership		
To Whom Paid The Morning Call					Date [MM/DD/YYYY]     \$       03/23/2021     27.72			
House# 101	Street Address No	rth 6th S	treet			Description of Expenditure		
City Allentown	Problems propriet and applications (1999)	State	PA	Zìp Code	18105	News		

## SCHEDULE III

# **Statement of Expenditures**

			of or Congress than Construct the Archest Con-	Annual Surface (Anglinate San Anathra San San San San San San San San San Sa
Filer Identification Number:				

To Whom Paid						Date [MM/DD/YYYY] \$		
Amazon Prime						03/30/2021 13.77		
House # 400	OO Street Address Terry Ave North					Description of Expenditure		
City Seattle		State	WA	Zip Code 98	3109	Membership		
To Whom Paid						Date [MM/DD/YYYY] \$		
House #	ouse# Street Address					Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY] \$		
House #					Description of Expenditure			
City	Topogo and the control of the contro	State		Zip Code				
To Whom Paid			refulblikerende in erene erekt edgelades alle eriti.	and the second section of the section of the second section of the section of the second section of the section of the second section of the section of the second section of the		Date [MM/DD/YYYY] \$		
House #	Street Address	Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY] \$		
House #	Street Address	Street Address				Description of Expenditure		
City	and the content of th	State		Zip Code		** Contact ** The Contact Annual Con		
To Whom Paid		mana <u>. 300 sta 19</u> m st 1423				Date [MM/DD/YYYY] \$		
House #	Street Address	Street Address				Description of Expenditure		
City	special meson in contrain Villiani (Contrain Villiani Contrain Vil	State		Zip Code		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
To Whom Paid						Date [MM/DD/YYYY] \$		
House #	Street Address	Street Address				Description of Expenditure		
City	The second secon	State		Zip Code		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
To Whom Paid						Date [MM/DD/YYYY] \$		
House #	Street Address	Street Address				Description of Expenditure		
City	1 - Commence of the Commence o	State		Zip 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.

Filer Identification Number:

Name of Credito	r.			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt	Pro-Manager Davidson	900 (10 m) 10 m 10 m	
Name of Credito				Outstanding Balance of Debt
House #	Street Address	13	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt			
Name of Creditor	7			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt		Contract of the second	Process
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	
Description of De	ebt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	10 mg
Description of De	ebt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt	1		