

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 | <input type="checkbox"/> | LOBBYIST | <input type="checkbox"/> |
| 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 |
| 6TH TUESDAY PRE-PRIMARY | 1. | | | | | | 11 02 2021 |
| 2ND FRIDAY PRE-PRIMARY | 2. | | | | | | |
| | | DATES OF REPORTING PERIOD | | | FOR OFFICE USE ONLY | | |
| | | MO. DAY YEAR | TO | MO. DAY YEAR | | | |
| | | 1 1 21 | | 5 3 21 | | | |
| 30 DAY POST-PRIMARY | 3. | | | | | | |
| 6TH TUESDAY PRE-ELECTION | 4. | | | | | | |
| 2ND FRIDAY PRE-ELECTION | 5. | | | | | | |
| 30 DAY POST-ELECTION | 6. | | | | | | |
| ANNUAL REPORT | 7. | | | | | | |
| | | 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 X TERMINATION REPORT? YES NO X | | | | | |

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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES



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

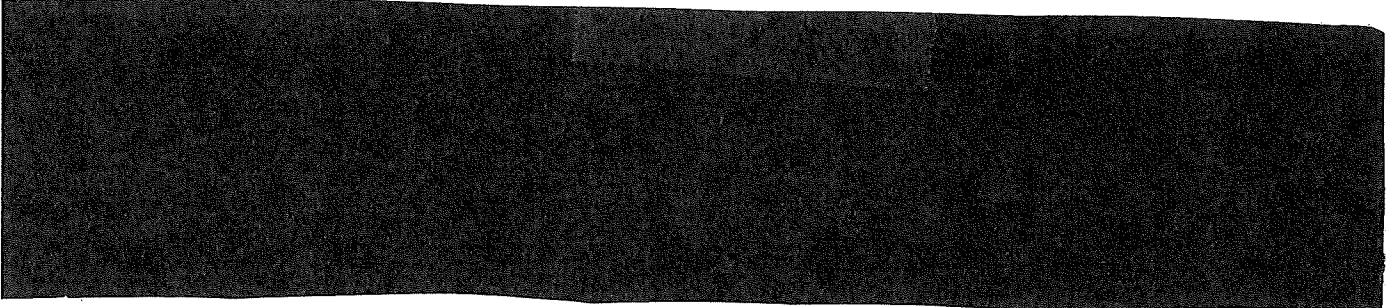
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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 | | | | |
|---|---|--|--|---|
| Bryan Callahan, Candidate | | | | |
| Reporting Cycle Name | | | | |
| <input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary | <input checked="" 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 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.

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





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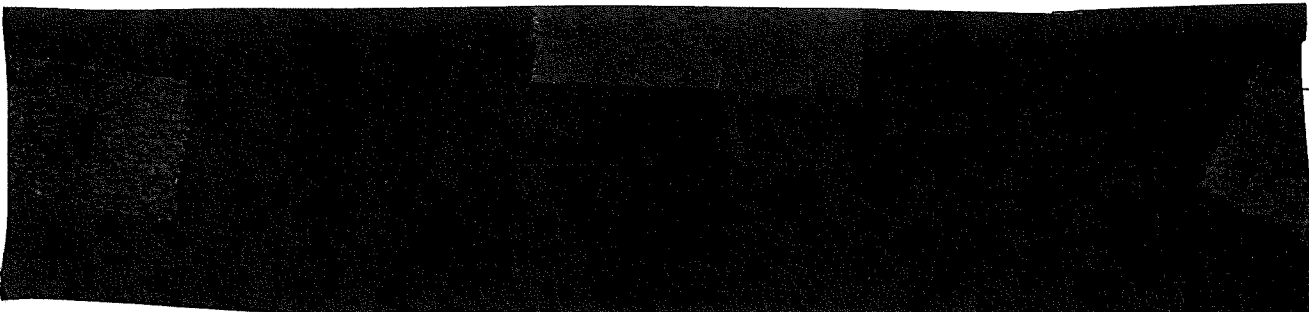
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| Name of Filing Committee, Candidate, or Lobbyist | | | | |
|---|---|--|--|---|
| Friends of Bryan Callahan | | | | |
| Reporting Cycle Name | | | | |
| <input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary | <input checked="" type="checkbox"/> 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 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.

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

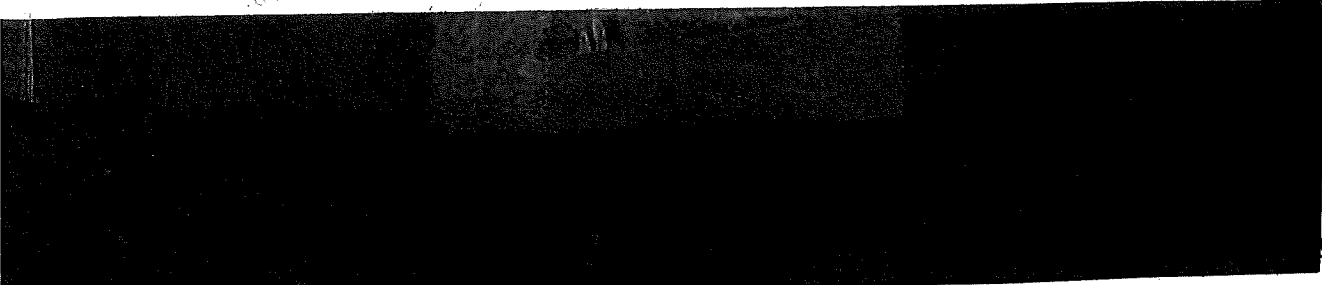
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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

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



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | | |
|--|---------------------------------------|---------------------------|--|---|--------------------------|--------------------------|---|------------------------------|--------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | FRIENDS OF BRYAN CALLAHAN | | | | | | | |
| Street Address | | 633 MAIN ST | | | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | | | | |
| Type of Report (Place x under report type) | | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/02/2021 | Year | 2021 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | |
| Summary of Receipts and Expenditures | | From Date | To Date | | For Office Use Only | | | | |
| | | 01/01/2021 | 05/03/2021 | | | | | | |
| A. Amount Brought Forward From Last Report | | \$ | 19,461.36 | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | 15,325.00 | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | 34,786.36 | | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | 481.92 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | 34,304.44 | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | 0.00 | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | 0.00 | | | | | | |
| Affidavit Section | | | | | | | | | |
| Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. | | | | | | | | | |
| I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. | | | | | | | | | |

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | | |
|---|-----|----|-----------|
| Filer Identification Number | | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | 0.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | 275.00 |
| All Other Contributions (Part B) | | \$ | 1,550.00 |
| Total for the reporting period | (2) | \$ | 1,825.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | 7,000.00 |
| All Other Contributions (Part D) | | \$ | 6,500.00 |
| Total for the reporting period | (3) | \$ | 13,500.00 |
| 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ | 15,325.00 |

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.

| | |
|-----------------------------|--|
| Filer Identification Number | |
|-----------------------------|--|

| | | | | | | | | | | Amount | | |
|-------------------------------------|-----------|----------------|--|-------|---------------------------------------|--|----------|-------|--|-------------------|----|--------|
| Full Name of Contributing Committee | | | | | Allentown Firefighters IAFF Local 302 | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | | | | | 04/06/2021 | | |
| House # | 723 | Street Address | | | W Chew St Suite 302 | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| City | Allentown | | | State | PA | | Zip Code | 18102 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | McNeill for PA | | | | | Date [MM/DD/YYYY] | \$ | 175.00 |
| | | | | | | | | | | 04/07/2021 | | |
| House # | 3163 | Street Address | | | N Front St | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| City | Whitehall | | | State | PA | | Zip Code | 18052 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| City | | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| City | | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| City | | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | | | |
| 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 Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | | |
|---------------------------------|-----------|-----------------------|----|-----------------|--|--------------------------|--------------------------|----|--------|
| Full Name of Contributor | | | | | Sandra Foster McClure and George McClure | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | | 04/02/2021 | | |
| House # | 4110 | Street Address | | | Scherman Blvd | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18020 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | Carol S Ritter | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | | 04/05/2021 | | |
| House # | 419 | Street Address | | | Dewberry Ave | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | Mark and Nuria Diluzio | | Date [MM/DD/YYYY] | \$ | 175.00 |
| | | | | | | | 04/07/2021 | | |
| House # | 2919 | Street Address | | | Lark Spur Ln | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Easton | State | PA | Zip Code | 18045 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | Michael and Tina Recchiuti | | Date [MM/DD/YYYY] | \$ | 150.00 |
| | | | | | | | 04/07/2021 | | |
| House # | 4209 | Street Address | | | Gloria Ln | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | Janet Jackson | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | | 04/07/2021 | | |
| House # | 938 | Street Address | | | Meadow Cir | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | James R Irwin | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | | 04/07/2021 | | |
| House # | 440 | Street Address | | | Spruce Ln | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Nazareth | State | PA | Zip Code | 18064 | 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 Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---------------------------------|-----------|--------------------------|---------------|-----------------|--------------------------|--------------------------|--------|
| Full Name of Contributor | | Robert R Brooks | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04/07/2021 | | 175.00 |
| House # | 2224 | Street Address | Whitehead Rd | | Date [MM/DD/YYYY] | \$ | |
| City | Nazareth | State | PA | Zip Code | 18064 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Dominic A Villani Jr | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04/08/2021 | | 200.00 |
| House # | 709 | Street Address | Jennings Pl | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Meghan C Hoffner | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04/22/2021 | | 200.00 |
| House # | 475 | Street Address | Pine Top Trl | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Susan and Richard Master | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | 04/28/2021 | | 250.00 |
| House # | 250 | Street Address | E Macada Road | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |

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 Number: | | | | | | | | | | |
| Full Name of Contributing Committee | | Plumbers Union Local 690 Election Political Action Fund | | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | | 03/24/2021 | | | |
| House # | 791 | Street Address | | Southampton Rd | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Philadelphia | | State | PA | Zip Code | 19154 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| Full Name of Contributing Committee | | IUPAT DC21 Political Action Fund | | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | | 03/26/2021 | | | |
| House # | 2980 | Street Address | | Southampton Rd | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Philadelphia | | State | PA | Zip Code | 19154 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| Full Name of Contributing Committee | | Int'l Union of Operating Engineers Local 542 PAC | | | | | Date [MM/DD/YYYY] | | \$ | 2,500.00 |
| | | | | | | | 03/29/2021 | | | |
| House # | 1375 | Street Address | | Virginia Dr Ste 100 | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Fort Washington | | State | PA | Zip Code | 19034 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| Full Name of Contributing Committee | | Steamfitters Local Union No 420 Committee on Political Education | | | | | Date [MM/DD/YYYY] | | \$ | 1,000.00 |
| | | | | | | | 03/30/2021 | | | |
| House # | 14420 | Street Address | | Townsend Rd Ste A | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Philadelphia | | State | PA | Zip Code | 19154 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| Full Name of Contributing Committee | | Insulators International PAC | | | | | Date [MM/DD/YYYY] | | \$ | 1,000.00 |
| | | | | | | | 04/07/2021 | | | |
| House # | 9602 | Street Address | | M L King Hwy | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Lanham | | State | MD | Zip Code | 20706 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| Full Name of Contributing Committee | | Friends of Lisa Boscola | | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | | 04/16/2021 | | | |
| House # | 385 | Street Address | | Palmetto Dr | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | | |
| City | Easton | | State | PA | Zip Code | 18045 | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |

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 Number: | |
|-------------------------------------|--|

| | | | | | | | | | |
|--|--------------|--|-----------------------|----------------------|----------------------------|-------|--------------------------|----|--------|
| Full Name of Contributing Committee | | | | | Friends of Bob Donchez PAC | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | | 04/12/2021 | | |
| House # | 377 | | Street Address | Devonshire Dr | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Bethlehem | | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | | | | Greater PA Carpenters PEC | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | | 04/15/2021 | | |
| House # | 1803 | | Street Address | Spring Garden Street | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | Philadelphia | | State | PA | Zip Code | 19130 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| House # | | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| House # | | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| House # | | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| House # | | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |

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: | |
|-------------------------------------|--|

| | | | | | | | |
|---|------------|--|-------------------------|-----------------|--------------------------|--------------------------|----------|
| Full Name of Contributor | | James Byszewski | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | 04/06/2021 | | |
| House # | 16 | Street Address | University Ave | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Chatham | State | NJ | Zip Code | 07928 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Employer Name | | Fifth Street Properties | | | Occupation | Managing Partner | |
| Employer Mailing Address / Principal Place of Business | | 422 Thomas St, Bethlehem, PA 18015 | | | | | |
| Full Name of Contributor | | Dennis E Benner | | | Date [MM/DD/YYYY] | \$ | 2,500.00 |
| | | | | | 04/06/2021 | | |
| House # | 2005 | Street Address | City Line Rd Suite 106 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Employer Name | | Benner and Piperato | | | Occupation | Attorney | |
| Employer Mailing Address / Principal Place of Business | | 412 W Broad St, Bethlehem, PA 18018 | | | | | |
| Full Name of Contributor | | Louis Intile | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | 04/06/2021 | | |
| House # | 1941 | Street Address | Chancellor St | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Hellertown | State | PA | Zip Code | 18055 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Employer Name | | Fifth Street Properties | | | Occupation | Founder | |
| Employer Mailing Address / Principal Place of Business | | 422 Thomas St, Bethlehem, PA 18015 | | | | | |
| Full Name of Contributor | | M. Arif Fazil | | | Date [MM/DD/YYYY] | \$ | 1,000.00 |
| | | | | | 04/07/2021 | | |
| House # | One | Street Address | East Broad St Suite 310 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Employer Name | | D'Huy Engineering Inc. | | | Occupation | President | |
| Employer Mailing Address / Principal Place of Business | | One East Broad Street, Suite 310 Bethlehem, PA 18018 | | | | | |

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: | | | | | | | | | | |
| | | | | | | | | | | |
| Full Name of Contributor | | | | | John and Carolyn Morganelli | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | | 04/12/2021 | | | |
| House # | 4602 | Street Address | | | Fairway Rd | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| City | Bethlehem | | | State | PA | Zip Code | | 18020 | Date [MM/DD/YYYY] | |
| | | | | | | | | | | |
| Employer Name | | | | | Ivy League Consulting LLC | | | Occupation | | President |
| Employer Mailing Address / Principal Place of Business | | | | | 4602 Fairway Rd Bethlehem PA 18020 | | | | | |
| Full Name of Contributor | | | | | James F. Stocklas | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| | | | | | | | 04/19/2021 | | | |
| House # | 55 | Street Address | | | Two Turtles Lane | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| City | Key West | | | State | FL | Zip Code | | 33040 | Date [MM/DD/YYYY] | |
| | | | | | | | | | | |
| Employer Name | | | | | Retired | | | Occupation | | Retired |
| Employer Mailing Address / Principal Place of Business | | | | | 55 Two Turtles Lane Key West FL 33040 | | | | | |
| Full Name of Contributor | | | | | Dino and Joanna Cantelmi | | Date [MM/DD/YYYY] | | \$ | 1,000.00 |
| | | | | | | | 04/22/2021 | | | |
| House # | 2854 | Street Address | | | Linden St | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | | | |
| City | Bethlehem | | | State | PA | Zip Code | | 18017 | Date [MM/DD/YYYY] | |
| | | | | | | | | | | |
| Employer Name | | | | | Cantelmi Funeral Home | | | Occupation | | Owner & Funeral Director |
| Employer Mailing Address / Principal Place of Business | | | | | 1311 Broadway, Bethlehem, PA 18015 | | | | | |
| 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 | | | | | | | | | | |

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 Number: | |
|------------------------------|--|

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---------------------|--|----------------|-------|----------|-------------------|--|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | | \$ |
| Receipt Description | | | | | | | |

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: | |
|------------------------------|--|

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

| | | | |
|--------------------------------|-----|----|-----|
| TOTAL for the reporting period | (1) | \$ | 0.0 |
|--------------------------------|-----|----|-----|

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

| | | | |
|--------------------------------|-----|----|-----|
| TOTAL for the reporting period | (2) | \$ | 0.0 |
|--------------------------------|-----|----|-----|

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

| | | | |
|--------------------------------|-----|----|-----|
| 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 Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| 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] | \$ |
| | | | | | | |
| 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] | \$ |
| | | | | | | |
| 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] | \$ |
| | | | | | | |
| 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] | \$ |
| | | | | | | |
| Description of Contribution | | | | | | |
| | | | | | | |

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] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---------------------|---------------|-----------------------|------------------|-----------------|-----------------------------------|--------------|--------|
| To Whom Paid | | The Morning Call | | | Date [MM/DD/YYYY] | \$ | 27.72 |
| | | | | | 01/26/2021 | | |
| House # | 101 | Street Address | North 6th Street | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18105 | News | |
| To Whom Paid | | Amazon Prime | | | Date [MM/DD/YYYY] | \$ | 13.77 |
| | | | | | 02/01/2021 | | |
| House # | 400 | Street Address | Terry Ave North | | Description of Expenditure | | |
| City | Seattle | State | WA | Zip Code | 98109 | Membership | |
| To Whom Paid | | Amy Zanelli for PA | | | Date [MM/DD/YYYY] | \$ | 312.20 |
| | | | | | 02/16/2021 | | |
| 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 |
| | | | | | 02/19/2021 | | |
| House # | 14455 | Street Address | Hayden Rd | | Description of Expenditure | | |
| City | Scottsdale | State | AZ | Zip Code | 85260 | Web hosting | |
| To Whom Paid | | Starbucks | | | Date [MM/DD/YYYY] | \$ | 8.91 |
| | | | | | 02/23/2021 | | |
| House # | 502 | Street Address | E 3rd St | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18015 | Team coffee | |
| To Whom Paid | | The Morning Call | | | Date [MM/DD/YYYY] | \$ | 27.72 |
| | | | | | 02/23/2021 | | |
| House # | 101 | Street Address | North 6th Street | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18105 | News | |
| To Whom Paid | | Amazon Prime | | | Date [MM/DD/YYYY] | \$ | 13.77 |
| | | | | | 03/01/2021 | | |
| House # | 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] | \$ | 27.72 |
| | | | | | 03/23/2021 | | |
| House # | 101 | Street Address | North 6th Street | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18105 | News | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---------------------|---------|-----------------------|-----------------|-----------------|-----------------------------------|------------|-------|
| To Whom Paid | | Amazon Prime | | | Date [MM/DD/YYYY] | \$ | 13.77 |
| | | | | | 03/30/2021 | | |
| House # | 400 | Street Address | Terry Ave North | | Description of Expenditure | | |
| City | Seattle | State | WA | Zip Code | 98109 | Membership | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | 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 Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|----------|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|----------|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|----------|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|----------|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|----------|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | | State | Zip Code | | | |
| Description of Debt | | | | | | |