



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				
Celeste Dee				
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.

 Signature of Treasurer, Candidate, or Lobbyist

Celeste Dee

 Printed Name

5/5/23

 Date (MM/DD/YYYY)

Bethlehem/PA/USA

 Location (City/State/Country)

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Celeste Dee							
Street Address	305 Prospect Ave							
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"/>
Date Of Election (MM/DD/YYYY)	05/16/23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	1/1/23	5/1/2023						
A. Amount Brought Forward From Last Report	\$	0.00						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00						
C. Total Funds Available (Sum of Lines A and B)	\$	0.00						
D. Total Expenditures (From Schedule III)	\$	5,000.00						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-5,000.00						
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.



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

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance 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				
Dee for Bethlehem				
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.

 Signature of Treasurer, Candidate, or Lobbyist

Michael Recchiuti

 Printed Name

5/5/23

 Date (MM/DD/YYYY)

Bethlehem/PA/USA

 Location (City/State/Country)

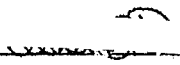


Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
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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.



Signature of Treasurer, Candidate, or Lobbyist

5/5/2023

Date (MM/DD/YYYY)

Celeste Dee

Printed Name

Bethlehem/PA/USA

Location (City/State/Country)

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 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		Dee for Bethlehem					
Street Address		305 Prospect Ave					
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"/>
Date Of Election (MM/DD/YYYY)		05/16/23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/23	5/1/2023	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6,000.00	
D. Total Expenditures (From Schedule III)	\$	3,079.23	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,920.77	
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.

Sworn to and subscribed before me this _____

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Dee for Bethlehem
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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)		\$ 500.00
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 500.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 5,500.00
Total for the reporting period	(3)	\$ 5,500.00
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>		\$ 6,000.00

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 over \$ 250.00 in the reporting period.

Filer Identification Number:	Dee for Bethlehem
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Bridge Across PA					4/13/23	\$	500.00
House #	121	Street Address	Broad St.		Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	19107	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]	\$
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:	Dee for Bethlehem
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Full Name of Contributor					Patricia Graziano		Date [MM/DD/YYYY]	\$	500.00
							4/21/23		
House #	385	Street Address		Getz Ave		Date [MM/DD/YYYY]		\$	
City	Staten Island	State	NY	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name					Retired		Occupation	Candidate Aunt	
Employer Mailing Address / Principal Place of Business					None				
Full Name of Contributor					Celeste Dee		Date [MM/DD/YYYY]	\$	5,000.00
							4/18/23		
House #	305	Street Address		Prospect Ave		Date [MM/DD/YYYY]		\$	
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name					Self Employed		Occupation	Political Consultant	
Employer Mailing Address / Principal Place of Business					Same as above (Candidate Investment)				
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									
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.

Filler Identification Number:	
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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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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 Numbers:	
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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: Dee for Bethlehem

To Whom Paid		Lehigh Valley Print Center			Date [MM/DD/YYYY]	\$ 477.00
House #	1701	Street Address	Union Blvd		Description of Expenditure	
City	Allentown	State	PA	Zip Code	18109	Campaign Material Printing
To Whom Paid		Lehigh Valley Print Center			Date [MM/DD/YYYY]	\$ 2217.23
House #	1701	Street Address	Union Blvd		Description of Expenditure	
City	Allentown	State	PA	Zip Code	18018	Mail Printing and Postage
To Whom Paid		Ed O'Brien Dinner			Date [MM/DD/YYYY]	\$ 185.00
House #	53	Street Address	Lehigh St		Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18015	Ad & Dinner
To Whom Paid		Bailey Singhas			Date [MM/DD/YYYY]	\$ 200.00
House #	305	Street Address	Prospect Ave		Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018	Sign Assembly & Palm Card Bundling
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:	Dee for Bethlehem
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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					

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	Celeste Dee
-------------------------------------	-------------

To Whom Paid		Dee for Bethlehem				Date [MM/DD/YYYY]	\$	5,000.00
						4/22/23		
House #	305	Street Address		Prospect Ave		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Campaign Donation from Candidate		
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				