

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

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

|  |  |   |   |  |   |   |                         |             |
|--|--|---|---|--|---|---|-------------------------|-------------|
| Filer Identification Number: <input type="checkbox"/>                                |  | Report Filed By: <input type="checkbox"/> |   | CANDIDATE <sup>1.</sup> <input type="checkbox"/>                             | COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/> | LOBBYIST <sup>3.</sup> <input type="checkbox"/> |                         |             |
| Name of Filing Committee, Candidate or Lobbyist:<br><u>Friends of Bryan Callahan</u> |  |   |   |  |   |   |                         |             |
| Street Address:<br><u>633 Main St</u>  |  |   |   |  |   |   |                         |             |
| City: <u>Bethlehem</u>   |  |   |   | State: <u>PA</u>   | Zip Code: <u>18018</u>                                      |   |                         |             |
| TYPE OF REPORT<br><br>(place X to the right of report type)                          | 6TH TUESDAY PRE-PRIMARY <sup>1.</sup>  | 2ND FRIDAY PRE-PRIMARY <sup>2.</sup>      | 30 DAY POST PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/> | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |   |                         |             |
|  | 6TH TUESDAY PRE-ELECTION <sup>4.</sup> | 2ND FRIDAY PRE-ELECTION <sup>5.</sup>     | 30 DAY POST ELECTION <sup>6.</sup>                                    | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |   |                         |             |
|  | ANNUAL REPORT <sup>7.</sup>            | YEAR <u>2018</u>                          | FILING METHOD ( ) CHECK ONE <input type="checkbox"/>                  | PAPER <input type="checkbox"/>   | <input checked="" type="checkbox"/>                         | DISKETTE  |                         |             |
| Name of Office Sought by Candidate:<br><u>City Council</u>                           |  |   | DATE OF ELECTION<br>MO. DAY YEAR<br><u>11 6 2018</u>                  |  | District Number   | Office Code<br><u>OTH Dem</u>                   | Party Code<br><u>48</u> | County Code |
| Summary of Receipts and Expenditures from: <input type="checkbox"/>                  |  |   | MO. DAY YEAR<br><u>5 1 2018</u>                                       | To   | MO. DAY YEAR<br><u>6 4 2018</u>                             | FOR OFFICE USE ONLY                             |                         |             |
| A. Amount Brought Forward From Last Report   |  |   | \$ <u>10,606.42</u>   |  |   |   |                         |             |
| B. Total Monetary Contributions and Receipts (From Schedule I)                       |  |   | \$ <u>0</u>   |  |   |   |                         |             |
| C. Total Funds Available (Sum of Lines A and B)                                      |  |   | \$ <u>10,606.42</u>   |  |   |   |                         |             |
| D. Total Expenditures (From Schedule III)  |  |   | \$ <u>593.85</u>  |  |   |   |                         |             |
| E. Ending Cash Balance (Subtract Line D from Line C)                                 |  |   | \$ <u>10,012.57</u>   |  |   |   |                         |             |
| F. Value of In-Kind Contributions Received (From Schedule II)                        |  |   | \$ <u>0</u>   |  |   |   |                         |             |
| G. Unpaid Debts and Obligations (From Schedule IV)                                   |  |   | \$ <u>0</u>   |  |   |   |                         |             |

AFFIDAVIT SECTION

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><i>Friends of Bryan Callahan</i> | Reporting Period<br>From <i>5-11-18</i> To <i>6/15/18</i> |
|---|---|

|   |     |             |
|---|-----|-------------|
| <b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b> |     |             |
| TOTAL for the Reporting Period  | (1) | \$ <i>0</i> |

|  |     |    |
|--|-----|----|
| <b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b> |     |    |
| Contributions Received from Political Committees (Part A)            |     | \$ |
| All Other Contributions (Part B)                                     |     | \$ |
| TOTAL for the Reporting Period                                       | (2) | \$ |

|  |     |    |
|--|-----|----|
| <b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b> |     |    |
| Contributions Received from Political Committees (Part C)      |     | \$ |
| All Other Contributions (Part D)                               |     | \$ |
| TOTAL for the Reporting Period                                 | (3) | \$ |

|  |     |    |
|--|-----|----|
| <b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b> |     |    |
| TOTAL for the Reporting Period   | (4) | \$ |

|   |                |
|---|----------------|
| <b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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> | \$ <i>0.00</i> |
|---|----------------|

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Detailed Summary Page

|   |  |
|---|--|
| Name of Filing Committee or Candidate<br><u>Friends of Bryan Callahan</u> | Reporting Period<br>From <u>5-1-18</u> To <u>6-15-18</u> |
|---|--|

|  |    |
|--|----|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |    |
| TOTAL for the Reporting Period (1)   | \$ |

|   |    |
|---|----|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |    |
| TOTAL for the Reporting Period (2)  | \$ |

|   |    |
|---|----|
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b> |    |
| 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.) | \$ <u>0.00</u> |
|--|----------------|

SCHEDULE III  
STATEMENT OF EXPENDITURES

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><b>Friends of Bryan Callahan</b> | Reporting Period<br>From <b>5-1-18</b> To <b>6-4-18</b> |
|---|---|

|  |  |                                   |                   |                           |
|--|--|-----------------------------------|-------------------|---------------------------|
| To Whom Paid<br><b>Martelucis Pizza</b>    | MO.<br><b>5</b>  | DAY<br><b>9</b>                   | YEAR<br><b>18</b> | Amount<br><b>\$ 37.89</b> |
| Mailing Address<br><b>1419 Eastern Ave</b> | Description of Expenditure<br><b>Pizza for Middle School</b> |                                   |                   |                           |
| City<br><b>Bethlehem</b>                   | State<br><b>PA</b>   | Zip Code (Plus 4)<br><b>18018</b> |                   |                           |

|  |   |                                   |                   |                            |
|--|---|-----------------------------------|-------------------|----------------------------|
| To Whom Paid<br><b>Celeste Doe</b>               | MO.<br><b>5</b>   | DAY<br><b>9</b>                   | YEAR<br><b>18</b> | Amount<br><b>\$ 100.00</b> |
| Mailing Address<br><b>2285 Schaefferville Rd</b> | Description of Expenditure<br><b>Campaign Finance Svcs.</b> |                                   |                   |                            |
| City<br><b>Bethlehem</b>                         | State<br><b>PA</b>  | Zip Code (Plus 4)<br><b>18017</b> |                   |                            |

|   |   |                                   |                   |                           |
|---|---|-----------------------------------|-------------------|---------------------------|
| To Whom Paid<br><b>The Morning Call</b> | MO.<br><b>5</b>                                   | DAY<br><b>22</b>                  | YEAR<br><b>18</b> | Amount<br><b>\$ 15.96</b> |
| Mailing Address<br><b>101 N. 6th St</b> | Description of Expenditure<br><b>Subscription</b> |                                   |                   |                           |
| City<br><b>Allentown</b>                | State<br><b>PA</b>                                | Zip Code (Plus 4)<br><b>18105</b> |                   |                           |

|   |  |                                   |                   |                            |
|---|--|-----------------------------------|-------------------|----------------------------|
| To Whom Paid<br><b>Black + Gold Bridison Booster Club</b> | MO.<br><b>5</b>  | DAY<br><b>26</b>                  | YEAR<br><b>18</b> | Amount<br><b>\$ 440.00</b> |
| Mailing Address<br><b>3149 Chester Ave</b>                | Description of Expenditure<br><b>Freedom High School<br/>Golf Tour Sponsorship</b> |                                   |                   |                            |
| City<br><b>Bethlehem</b>                                  | State<br><b>PA</b>   | Zip Code (Plus 4)<br><b>18020</b> |                   |                            |

|                 |                            |                   |      |        |
|-----------------|----------------------------|-------------------|------|--------|
| To Whom Paid    | MO.                        | DAY               | YEAR | Amount |
| Mailing Address | Description of Expenditure |                   |      |        |
| City            | State                      | Zip Code (Plus 4) |      |        |

|                 |                            |                   |      |        |
|-----------------|----------------------------|-------------------|------|--------|
| To Whom Paid    | MO.                        | DAY               | YEAR | Amount |
| Mailing Address | Description of Expenditure |                   |      |        |
| City            | State                      | Zip Code (Plus 4) |      |        |

|                 |                            |                   |      |        |
|-----------------|----------------------------|-------------------|------|--------|
| To Whom Paid    | MO.                        | DAY               | YEAR | Amount |
| Mailing Address | Description of Expenditure |                   |      |        |
| City            | State                      | Zip Code (Plus 4) |      |        |

|                 |                            |                   |      |        |
|-----------------|----------------------------|-------------------|------|--------|
| To Whom Paid    | MO.                        | DAY               | YEAR | Amount |
| Mailing Address | Description of Expenditure |                   |      |        |
| City            | State                      | Zip Code (Plus 4) |      |        |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 593.85**

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.

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><i>Friends of Bryan Callahan</i> | Reporting Period<br>From <i>5-1-18</i> To <i>6-4-18</i> |
|---|---|

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  |                             |                   |      |

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

|                                 |
|---------------------------------|
| PAGE TOTAL                      |
| \$ <del>0</del> - <del>00</del> |