

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
Callahan Bryan 6

02 ADDRESS office (business or governmental) of home City State Zip Code Area Code Phone
633 Main St Bethlehem Pa 18018 (610) 730-8658

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this box if you are filing as a solicitor
B Nominee C Public Official (Former) D Public Employee (Former) Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) seeking hold held
A Bethlehem City Council
B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A Bethlehem City Council
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Business Owner + Retired Teacher Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box
633 Main St. Bethlehem, Pa.
1734 Macison Ave Bethlehem 729-731 Linden St. Bethlehem, Pa.

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box
Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,200 OR MORE (including but not limited to all employment) If NONE, check this box
Name: Bryan Callahan Driving School 3650 Nazareth Pk
City of Bethlehem, Church St. Bethlehem Bethlehem, Pa. 18026 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE If NONE, check this box
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box
Business Entity (Name and Address) Owner-CEO
Bryan Callahan Driving School 3650 Nazareth Pk Bethlehem Pa
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)
Bryan Callahan Driving School 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box
Business (Name and Address) Relationship Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (undersigned false information to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/19/24

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.