

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 Callahan Bryan 6

02 ADDRESS office (business or governmental) or 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. (See instructions on page 2)

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 POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A Bethlehem City Council seeking hold held

B Teacher BASD-City Council

05 GOVERNMENTAL ENTITY 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 Bethlehem Area School District

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

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box:

729 Linden St. Bethlehem Pa. 18018
 1734 Madison Ave, Bethlehem Pa. 18018

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box:

Name: Chase Home Mortgage Address: P.O. Box 24696 Interest Rate: 6.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box:

Name: Bryan Callahan Driving School Address: 633 Main St Bethlehem Pa.
 Bethlehem Area School District 15165 camac St. Bethlehem, Pa.

11 GIFTS (See instructions on page 2) If NONE, check this box:

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box:

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box:

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Bryan Callahan Driving School LLC Address: 633 Main St Bethlehem Pa. Owner/CEO

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box:

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box:

Business (Name and Address) Interest Held 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 in 17 Pa.C.S. § 4904 (relating to affidavits to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature _____ Enter Current Date 3/6/23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.