COMMONWEALTH OF PENNSYLVANIA SEC-1 (Rev. 01/21)

## STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01 LAST NAME MI SUFFIX
02 ADDDESS office (business or governmental) or home. City State Zin Code Area Code Phone
02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS
O3 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)  Check this box if you
A 12 Candidate (including write-in) C 12 Public Official (Current) D Public Employee (Current) E Check this box if you are filing as a solicitor consisting an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
^ Bethlehem City Council
B seeking hold held
OS 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
Bethlehem Area School District
OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in blocks 8 -15 represents displaying for the calendar year listed born.
BRANKING CITY CONCIL
08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box.
09 CREDITOR\$ (See instruction) on page 2) Creditor, (Name and Address) If NONE, objeck this box.
Name: Chase teme Martgage Address: Ro, Bot 24696 Interest Rate 6-3 &
DIRECT OR INDIRECT SOURCES OF INGOME including (but not limited to) all employment. (See instructions on page 2) If NONE, (OFFICIAL USE ONLY)
penerty of Belinkhim 10 E. Churchadaest. Belinking m. Pen
Syan Callahan Day School 3650 Hazareth 1, 16 Delh leham to.
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. Value Source (Name and Address)
Source (state and recessor)
13 OFFICE DIRECTORSHIP, OR/EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, edc.)
Name: Siyan Callahan Dr. v. ng Schooladres SO Norzoreth 1. Ke Bellehemig. Own ex
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
7791: Mid Catson tento LC
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Interest Held Relationship
Transferee (Name and Address)  The undersigned bereby affirms that the forces in the best of said person's knowledge information and helief, said affirmation being made subject.
The undersigned hereby affirms the forestire to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed ities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$109(b).
Signature Enter Current Date 3/1/2
THIS FORM BY GENERAL THE CONTROL OF THE STATE OF THE STAT