COMMONWEALTH OF PENNSYLVANIA SEC-1 (Rev. 01/22)

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
Callahan Biyan 6
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.
03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page) Check this
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this box if you are filling as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) box if you are filling as a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A SQ TWO PM CITY COUNCIL hold held
B
POLITICAL SUBDIVISION in which you are/were an Official, Employee, Gandidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
^ Bethlehem City Councill
BRANCEMENTACE & SCHOOL DISTALLE
OCCUPATION OR PROFESSION (This may be the same as block 4) O7 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here:
REAL ESTATE INTERESTS (See instruction page) If NANE, check this box.
Name: Name: Name: No. See instruction page) If NONE, check this box. Address: 2.0 bot 24592
DIRECT OR INDIRECT SOURCES OF MOOME incliding but no limited to all employment. (See instruction page) (if NONE, (OFFICIAL USE ONLY)
Name And St. Sall liven 10 E Church Stagles all live
Bryan Callahan Driving Shoot 3050 Nazoreth fike Belllehem
11 GIFTS (See instruction page) If NONE, check this box. Value of Gift
Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. Value Source (Name and Address)
OFFICE, DIRECTORSNIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Bysiness
729 Lin Len St. 50 % Owne
Business (Name and Address) Business (Name and Address) Business (Name and Address)
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 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature Enter Current Date Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY REACK ABOVE IS NOT COMPLETED, MAKE A COPY FOR YOUR RECORDS