

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	B R U N G E S	D E V I N		

02	ADDRESS office (business or governmental) or home	City	Slate	Zip Code	Area Code	Phone
	616 ONTARIO ST.	BETHLEHEM	PA	18015	(570)	404-7852

03 STATUS Check applicable box or boxes, more than one box may be marked.

A	<input checked="" type="checkbox"/> Candidate (including write-in)	C	Public Official (Current)	D	Public Employee (Current)	E	Check this box if you are filing as a solicitor	Check this box if you are amending an original filing
B	Nominee	C	Public Official (Former)	D	Public Employee (Former)			

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

A C I T Y C O U N C I L C I T Y O F B E T H L E H E M

seeking hold held

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
TRANSPORTATION	Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 2

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
Name: ONE MAIN FINANCIAL	Interest Rate
Address: 2542 MACARTHER TOWN CTR WHITE HALL, PA 18052	25.41%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment	If NONE, check this box <input type="checkbox"/>
Name: A. DUJE PYLE	(OFFICIAL USE ONLY)
Address: 650 WESTTOWN RD. WEST CHESTER, PA 19381	

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	If NONE, check this box <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input type="checkbox"/>
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)
Name: A. DUJE PYLE	EMPLOYEE
Address: 650 WESTTOWN, WEST CHESTER PA	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input type="checkbox"/>
Business (Name and Address)	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	If NONE, check this box <input type="checkbox"/>
Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship
	Date Transferred

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 the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 3/6/2023

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