

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

01	LAST NAME	FIRST NAME	MI	SUFFIX
	F O L L W E I L E R	J A M E S	W	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	2222 MAIN ST.	BETHLEHEM	PA	18017	(610)	974-8835

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 <input checked="" type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this box if you are filing as a solicitor	<input type="checkbox"/> Check this box if you are amending an original filing
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> 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	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
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	C I T Y O F B E T H L E H E M
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here:
RETIRED	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	Name: Barclays- Card Services	Address: P.O. Box 8802 Wilmington, PE 19899	Interest Rate: 20.74	If NONE, check this box <input type="checkbox"/>
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10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment	Name: - Defense Finance & Accounting Svc. - US Military Retirement Pay - US OPM Retirement Operations Ctr.	Address: 8899 E. 56th St Indianapolis, IN 46249 P.O. Box 45 Boyers, PA 16017	(OFFICIAL USE ONLY)	If NONE, check this box <input type="checkbox"/>
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11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	Source of Gift	Value of Gift	If NONE, check this box <input checked="" type="checkbox"/>
	Address of Source of Gift	Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE	Source (Name and Address)	Value	If NONE, check this box <input checked="" type="checkbox"/>
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)	If NONE, check this box <input type="checkbox"/>
	Name: J.W.F. & Associates, Inc. Address: 2222 Main St Bethlehem, PA 18017	PRESIDENT	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	Business (Name and Address)	Interest Held (i.e., 5%, 10%, etc.)	If NONE, check this box <input type="checkbox"/>
	J.W.F. & Associates, Inc., 2222 Main St., Bethlehem, PA 18017	100%	

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	Business (Name and Address)	Transferee (Name and Address)	Interest Held Relationship Date Transferred	If NONE, check this box <input checked="" type="checkbox"/>
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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 June 8, 2023

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

Statement of Financial Interests

Continuation Sheet

Follweiler, James W.

2222 Main St., Bethlehem, PA 18017

07. Year: 2022

10. Direct or Indirect Sources of Income of \$1,300 or More.

Name:

Address:

M&T Bank

P.O. Box 767

(U.S. Govt. Savings Bonds Interest)

Buffalo, NY 14240



County of Northampton
Board of Elections


WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF NORTHAMPTON } SS:

Before me, the undersigned authority in and for the said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate for local office, he or she does not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred Fifty Dollars (\$250.00) during any reporting period; that, as a candidate, he or she will keep records of contributions and expenditures as required by law; and that, as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250.00). (Act No. 1980-127) 25 P.S § 3246.1.


Sworn (or affirmed) and subscribed before me this

8th day of June, 2023.

(Signature of Notary Public) 

My Commission Expires 2/16/2025

Commonwealth of Pennsylvania - Notary Seal
DEBORAH A OSTROFSKY - Notary Public
Northampton County
My Commission Expires February 16, 2025
Commission Number 1393482

 Signature of Candidate

James W. Follweiler

Printed Name of Candidate

2222 main St. 18017

Street Address/Post Office/Zip Code

Bethlehem Northampton

City/Borough/Township County

14-1

Election District of Candidate

(Municipality, Ward and/or Precinct where YOU vote)

610-974-8835

Telephone Number