

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME McKernan FIRST NAME Matthew MI J SUFFIX

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
1969 Easton Avenue Bethlehem PA 18017 (610) 451-1693

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block 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 Bethlehem City Council seeking hold held

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Mosaic Advertising

07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. 2015

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

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

Name: PSECU Address: Harrisburg, PA 17106 Interest Rate: 9.9%

PNC Bank / LOC (business only) Bethlehem, PA 18015 2.3%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Mosaic Advertising Address: 301 Broadway

Bethlehem, PA 18015

(OFFICIAL USE ONLY)

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) Name: Mosaic Advertising Address: 301 Broadway Bethlehem Pa 18015 Position Held: President

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: Mosaic Advertising Interest Held: 50%

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

Enter Current Date 3/10/15

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.