

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME MarTEll FIRST NAME Shawn MI SUFFIX

02 ADDRESS office (business or governmental) or home 1417 Stehr St City Bethlehem State PA Zip Code 18018 Area Code 484 Phone 695-4581

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 City Council seeking hold held

B 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 City of Bethlehem

B

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

07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. 2014

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: Caliber Home Loans Address: PO Box 619063 Interest Rate 3.25%

Dallas TX 75261-9063

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: Nazareth Area School District Address: One Education Plaza (OFFICIAL USE ONLY)

Nazareth PA 18064

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) Position Held

Name: Address:

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 Interest Held

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 certifies that the information provided is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature
THIS

Enter Current Date 3/6/15

PLEASE PRINT AND SIGN. MAKE A COPY FOR YOUR RECORDS.

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09 CREDITORS

Name:	Address:	Interest Rate:
American Education Services	P.O. Box 2461 Harrisburg P.A. 17105	6%

Name:	Address:	Interest Rate:
American Education Services	P.O. Box 2461 Harrisburg P.A. 17105	7.125%

Shawn Martell