COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/17

STATEMENT OF FINANCIAL INTERESTS

FENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

	PLE	EASE PRINT NEATLY		
<u></u>	LAST NAME	FIRST NAME		MI SUFFIX
	colón	Michael		A
)2	ADDRESS office (business or governmental) or home Signal St. 15 W. 13 Co. 2 St. Apt 4 13	City St	lale Zip Code 子 し	Area Code Phone 614 462 - 8:8
J3	STATUS Check applicable block or blocks, more than one block may be A Candidate (including write-in) C Public Official (Curre B Nominee C Public Official (Form	ent) O Fublic Employee (Current)	E Check this if you are f as a solicit	filing are amending
)4	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commis	ssioner, job title, etc.) seeking	Nold	held
ł	City Councilman		<i>-</i>	
3	condinator of Volunteers	seeking	Lhold	held
	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candid Bath and the City Zoun zil			ian, caunty, school district. twp, etc.)
B	County of Northempton-	Gracedak Di	uision	
16	OCCUPATION OR PROFESSION (This may be the same as black 4)	07 YEAR SEE INSTRUCTION Information in Blocks 8 -15 rejudisclosure for the calendar year.	presents 2	016
18	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, chec	:k this box. V	andre and the control of the control	
9	Name. Am-vila Education	If NONE, check this box. Address: 7. 0. Box 243		interest Rate
			UVIE NONE	(OFFICIAL USE ONLY)
10			heck this block.	(OFFICIAL DAE GIVE)
11	GIFTS (See instructions on page 2) If NONE, check this box Source of Gift			Value of Gift
	Address of Source of Gift	Circumstances (in	icluding description) of Git	i.
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address	e 2) If NONE, check this box.		Value
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)	instructions on page 2) If NONE, check this	s box,	Passion Held (i.e., officer, director, actinger, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROName and Address of Business	Afternion OFIT (See instructions on page 2) If NONE,	i, check this box.	Interest Held (i.e. 5%, 10%, etc.)
5	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEME Business (Name and Address)	BER (See instructions on page 2) If NONE	E, check this box. L	
	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct the penalties prescribed by 18 Pa C.S. 4904 (upriling fateflication to authorities)			d affirmation being made subject
	Signature 4	En!	ler Current Date	1/23/17
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK			UR RECORDS.

STATEMENT OF FINANCIAL INTEREST ADDITIONAL INFORMATION

Colón, Michael

FOR YEAR 2016

DATE: 4/23/17

4. PUBLIC POSITION OR PUBLIC OFFICE: HOLD

C. Commissioner

5. Governmental Entity

C. City of Bethlehem Human Relations Commission

6. OCCUPATION OR PROFESSION

Coordinator of Volunteers

9. CREDITORS

NAME: U.S. Department of Education

ADDRESS: 400 Maryland Ave SW, Washington, D.C. 20202

INTEREST RATE: 6.05%

NAME: U.S. Department of Education

ADDRESS: 400 Maryland Ave SW, Washington, D.C. 20202

INTEREST RATE: 4.00%

10. DIRECT OR INDIRECT SOURCES OF INCOME

NAME: County of Northampton

ADDRESS: 669 Washington Street, Easton, PA 18042