COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/17 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX MI B Z 0 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone 377, NEYUNSHIZE DRIVE BETHLLhon (610) 8684680 RUIT 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) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held Ø hold seeking hold held В Ó 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.) 05 ٤ £ E ٤ OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS BETILEHEM MAYOR -Information in Blocks 8 -15 represents 2 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 4) toyotA SWAMMI CURLOWN 02 BOLEVIC-\$6,232,97 Interest Rate DB3T LINLOF CRUIT (MICADI/LIDERS RIM PA) 3.002 - Balince 49,500 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, in the check this block this (OFFICIAL USE ONLY) Onateachus Pensino PSERS HARRISTUM PA WIFES SELLLY = ST LUKES HUSPIAL 2N D SERS PENSIN HALRIBING PA 6 DIVIDIMS MUTUAL FOND 5 GIFTS (See instructions on page 2) If NONE, check this box Source of Gift Value of Giff Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held (i.e., officer, director, Business Entity (Name and Address) AHACHMENS FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box 15 Business (Name and Address) Interest Held Relationship

(3 of 4)

Transferee (Name and Address)

Signature ___

THIS FORM

The undersigned hereby ass.

to the penalties prescribed

Enter Current Date DMPLETED. MAKE A COPY FOR YOUR RECORDS.

icial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Date Transferred

son's knowledge, information and belief; said affirmation being made subject

Robert J Donchez- Attachment

Statement of Financial Interests- 2016

As Mayor, I serve on the Board of Directors for the following organizations:

- 1.Lehigh Valley Industrial Park- 1720 Spillman Dr. Bethlehem, PA 18015
- 2.Artsquest- 25 W. 3rd St. Bethlehem, PA 18015
- 3.LVEDC -2158 Avenue C Bethlehem, PA 18017
- 4. BEDCO-City of Bethlehem
- 5.Lehigh Valley Partnership- Allentown, PA
- 6.Representative on the Lehigh Valley Planning Commission- Allentown, PA (Serving on the Lehigh Valley Freight Advisory Committee)
- 7.Community Action Committee of Lehigh Valley-1337 E. 5th St. Bethlehem, PA 18015-(Representative)
- 8. Southside Vision- Bethlehem, PA
- 9. Honorary Member of the Board of Directors- Hispanic Center of the Lehigh Valley 2016- Present