

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S	A	L	T	Z	E	R	D	A	V	I	D	A	
---	---	---	---	---	---	---	---	---	---	---	---	---	--

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

1731 Seidersville Rd Bethlehem Pa 18015 (610) 867-5709

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 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 COUNCIL 4YR

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Call telecommunicator Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2018

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

1731 Seidersville Rd Bethlehem Pa 18015

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

Name: PSECU Credit Services Address: PO Box 67013 Harrisburg Pa 17106-7013 Interest Rate: 9.99

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: County of Lehigh Address: 17 S 7th St Allentown Pa 18101

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 (i.e., officer, director, employee, etc.)

Name: Aunt Helen's Cats in Need Address: 1747 Williams St Allentown 18055 Treasurer

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 (i.e., 5%, 10%, etc.)

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

Signature _____

Enter Current Date 2/24/19

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

Box 9 PSECU Credit Services Po Box 67013 2.99
Harrisburg Pa 17106-7013

PSECU Credit Services Po Box 67013
Harrisburg Pa 17106-7013 3.99

Box 13 Bethlehem Firefighters FAFF Local 735 President Emeritus /
53 ~~W~~ Lehigh St Retiree Affairs Liaison
Suite 735
Bethlehem Pa 18018