	NSYLVANIA STATE ETHICS COMMISSION 717) 783-1810 • TOLL FREE 1-800-932-0936
01 LAST NAME   CQNQQQ EIRST NAME	MI SUFFIX
02 ADDRESS office (business or governmental) or home City State Zip Code	Area Code Phone (610)730-8658
	NANCIAL 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 the inf you are as a solition of the inf you are as a solition.     B   Nominee   C   Public Official (Former)   D   Public Employee (Former)   as a solition.	Check this block if you a filing are amending citor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
ABRAHRMCityCouncill	
BIRACHRIBASD	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commi	ssion, county, school district, twp, etc.)
· Bethlehem City Council	
BethlehemArea School Di	$s \neq c ; c \neq$
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS   Information in Blocks 8 -15 represents Information in Blocks 8 -15 represents   TE ACHEC - BASD disclosure for the calendar year listed here.	
08 REAL ESTATE INTERESTS (Sae instructions on page 2) If NONE, check this box. SS6 Hayer St. Bernichten, Pa. 18015 729 Linzen St. Bernichten Pa. 18015	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	Interest Rate 6_375
Charle Herne Martease P.o. Box 24696	6.50
10 DIRECT OR INDIRECT SOURCES OF INCOME including your not united to) all employment. (See instructions on pg. 2) ONLY IF NONE Bey hishow 4, Rey School District 3149 Chiefer H. Bethowy thispiper, D Name: 4 of Bethlehem 10 E. Churdider St. Bethlehem, Pg. 18218 Biyan Cullahan Driving Schul-633 Main J. Bethlehem, Pg.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Grit
Address of Source of Gift Circumstances (Including description) of Circumstanc	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	Value
Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (nome and Address) C 633 May SL. Bethliphim Pay 18018 50 % Own Name (Mag Callana, Dirix, as Shiphima Pay 18018 50 % Own	Position Held (i.e., officer, director, employee, etc.)
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 UC 633 Main A. Schnichten, G. 18018	Interest Held (i e . 5%, 10%, etc.) 56 & any ship
'S(Man(u))Ahan()((U,in), Xha('655 Allah A), DUHAINA, IG.     15   BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)     If NONE, check this box.     Business (Name and Address)	leid
Transferee (Name and Address) Relations	nsferred
The undersigned hereby affirms that the fore to the penalties prescribed by 18 Pa.C.S. §4S ployee Ethics Act, 65 Pa C.S.	
Signature Enter Current Date	7/20/10
THIS FORM IS CONSIDERED	OUK RECORDS.
(3 01 4)	