

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

YASSO GEORGE H

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

10 E Church St Bethlehem PA 18018 (610) 865-1720

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BETHLEHEM CITY CONTROLLER  seeking  hold  held

B

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) 07 YEAR SEE INSTRUCTIONS.

Bethlehem City Controller Information in Blocks 8 - 15 represents disclosure for the calendar year listed here 2017

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.  Interest Rate

Name Address

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.  (OFFICIAL USE ONLY)

Name Serratelli Financial Group Address 528 Maple St Bethlehem, PA 18018

11 GIFTS (See instructions on page 2) If NONE, check this box.  Value of Gift

Source 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.  Value

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name Address

14 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.)

Name and Address of Business Serratelli Financial Group 528 Maple St Bethlehem, PA 18018 15%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information 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 18 Pa.C.S. (relating to perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 5/1/18

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