COMMONWEALTH OF PENNSYLVANI A SEC-1 REV 01/18

## STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY
0: LAST NAME FIRST NAME MI SUFFIX
Colon Michael G
02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone 215 V. 13 P. J. St. A 2t 4 B=th kh=m P4 18018 (4b) 462-883
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  Check this block if you are amending
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending are amending as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A LIFY LOUNLIIMAN
seeking hold held
B L D D r d in a t D r D f U D l U n t 2 2 r s
O5 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.)
AB-+nl-nm city 2 ouncil
B L Dunty of Northemphon-Grece 34 1 e
Information in Blocks 8 -15 represents
Cost in char or obighters
OB 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.
O9 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. []  Name Amarican Elucation Address Po Bux 2461
Services Herrisburg, PA 17105 5.1%
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 City of Bathlehem Address 10 E. Church St.
13 = th 1 = h=m, PA 18018
11 GIFTS (See instructions on page 2) If NONE, check this box.  Value of Gift  Value of Gift
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. Value
Source (Name and Address)
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.)
Name Address  Address  If NONE check this hox I interest Held (i.e., 5%, 10%, etc.)
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
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
Transferee (Name and Address)  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 best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information affirmation and belief; said affirmation
to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature Enter Current Date

## STATEMENT OF FINANCIAL INTEREST ADDITIONAL INFORMATION

Colón, Michael

**FOR YEAR 2017** 

DATE: 4/26/18

- 4. PUBLIC POSITION OR PUBLIC OFFICE: HOLD
  - C. Commissioner
- 5. Governmental Entity
  - C. City of Bethlehem Human Relations Commission
- 6. OCCUPATION OR PROFESSION

City Councilman

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