STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY		
01	BERNOTAS FIRST NAME A L	МІ	SUFFIX
2	ADDRESS 1004 JOHNSTON DRINE City BETHLEHEM PA 18017 (61	ode 9 ₎ 69	Phone 3
3	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 a	Check this lock if you re amending in original filin
4	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X seeking hold held		
` /	MEMBER OF CITY COUNCIL		
3 .	seeking hold held		
5	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, cound $A \cap A \cap A \cap A$	y, schoo	I district, twp, et
6	OCCUPATION OR PROFESSION (This may be the same as block 4) ATLETEXECUTIVE - RETIRED OF YEAR The information in blocks 8 through 15 below represent the PRIOR calendar year indicated: 2 \$\phi\$.		
9	CREDITORS (* instructions on page 2). Creditor (Name and Address) If NONE, check this box. ** Name: Address:	st Rate	
0	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: DETHLEHEM AREA School Dist Address: BETHLEHEM, DA CENTER VAILEY CLUB CENTER VAILEY, PA	FICIAL	USE ONLY)
1	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value Address of Source of Gift Circumstances (including description) of Gift	e of Gift	
2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)		1
3	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) BETHLEHEM AREA SCHOOL D, 5 T., BETHLEHEM Position Name: CENTER VALLEY CLUB Address: CENTER VALLEY, DA Co	.4.9, Held -,	TEACHER HOP LOC
4	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest		
5	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) Late Transferred undersigned hereby affirms that the following information is true and correct to the best of said person's knowledge, information and belief; said affirmate penalties present in the following information is true and correct to the best of said person's knowledge, information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information is true and correct to the best of said person's knowledge, information and belief; said affirmate penalties present in the following information is true and correct to the best of said person's knowledge, information and belief; said affirmate penalties present in the following information is true and correct to the best of said person's knowledge, information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties present in the following information and belief; said affirmate penalties penaltie	ŗ	