STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

		ILLAGE	MINI NEATET				
1	LAST NAME		FIRST NAME			MI	SUFFIX
	RECCHIUTI		MICHAEL				
	ADDRESS He reeney St.	city Set	klehom	State		a Code (0) 360	Phone
	,				100.0		
	STATUS Check applicable block or blocks, more than one b	block may be marke	d. (See instructions on	page 2)		Che	eck this
	A X Candidate (including write-in) C X Public C	Official (Current)	D Public Employ	ree (Current) E	Check this bloc		ck if you amending
	B Nominee C Public C	Official (Former)	D Public Employ	ee (Former)	if you are filing as a solicitor		original filin
	PUBLIC POSITION OR PUBLIC OFFICE (administrator, mem	nber, Commissioner,	job title, etc.) 🔀 see	king 12km	old he	ld	
	BETHLEHEM C	1 T Y		1612			
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	MEMBER, BOAR	0 0	= 0 1 %	と「こけ」	o RS	* : 	
	GOVERNMENTAL ENTITY in which you are/were an Official, Empl	the state of the state of	4 1 1	cy, authority, borough, bo	oard, commission, c	ounty, school di	istrict, twp, e
	CITY OF BET						
	BETHLEHEM P	ARKI	NGI	7 UT 1+	ORI	T! Y	
	OCCUPATION OR PROFESSION (This may be the same as b	olock 4)		rmation in blocks 8 thro DR calendar year indica		esents financi	al interests
	Attorney			zi. saionaan year inaiot) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10	
	REAL ESTATE INTERESTS (See instructions on page 2) If	NONE, check this I	box. 🔏				
	CREDITORS (See instructions on page 2), Creditor (Name and Name:	d Address) If NON Address			ln	iterest Rate	
	DIRECT OR INDIRECT SOURCES OF INCOME including (but no	ot limited to) all emplo	oyment. (See instructions	s on pg. 2) ONLY IF NO check this	ONE,	OFFICIAL US	E ONLY)
	Name: Fox Tobey P.C.	Addross	1834 Pinn	Salvana Are	DIOCK.		
	Nanie. I		Allenbon				
	GIFTS (See instructions on page 2) If NONE, check this bo		· illea o sere	73,01		***************************************	
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,	Address of Source of Gift		Ci	rcumstances (including de	scription) of Gift		
_	TRANSPORTATION, LODGING, HOSPITALITY (See instruct Source (Name and Address)	tions on page 2) If	NONE, check this bo	x. 🔏	Valu	e	
	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSIN Business Entity (Name and Address)		31 Pennsylvan	in fue Allent	oun PA Pos	A Horry	·emplo
	Name: Bethlehem Parking Authority	Address:	North St.	3ethlehem PA	()irector	
	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINES: Name and Address of Business	S FOR PROFIT (Se	ee instructions on page	2) If NONE, check		erest Held	
_	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FA Business (Name and Address)	MILY MEMBER (S	See instructions on page	e 2) If NONE, check	this box.		
	Transferee (Name and Address)				Relationship Date Transferred		
l Te	ndersigned hereby affirms that the foregoing information is true penalties prescribed by 18 Pages, §4904 (unswers felsification	and correct to the b	est of said person's known	owledge, information a	nd belief: said affir	mation being i	made subje
113	permitted produited by 10 1 3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and	the Edmic Official and	Employee Ethics Act, (33 Pa.C.S. \$1109(1001	
	Signature		***************************************	Enter Curre	nt Date 🤰 🦯	21 20	*