

# STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTION FOR ADDITIONAL DETAILS

01	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>SUFFIX</b>
	P O P L A W S K I	J O S E P H	F	

02	<b>ADDRESS office (business or governmental) or home</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Area Code</b>	<b>Phone</b>
	2404 East Boulevard	Bethlehem	PA	18017-4014	( 610 )	694-9948

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 **STATUS** Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A <input checked="" type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this box if you are filing as a solicitor	<input type="checkbox"/> Check this box if you are amending an original filing
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		

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

A C I T Y C O U N C I L

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

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)  
Construction Manager, Construction and Home Inspector

07 **YEAR SEE INSTRUCTIONS.**  
Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 2 4

08 **REAL ESTATE INTERESTS** (See instructions on page 2) If NONE, check this box.

09 <b>CREDITORS</b> (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	<b>Interest Rate</b>
Name: Bank of America US Department of Education	16% 14%
Address: PO Box 15284 Wilmington DE, 19850 PO Box 87130 Lincoln, NE, 68501	

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	<b>(OFFICIAL USE ONLY)</b>
Name: TW Consultants, Inc. ( Changed to Quality Engineering Solutions, Inc 2025 ) Advantage Inspection Service, LLC	
Address: 5500 Corporate Drive Suite 300 Pittsburgh, PA 15237 2404 East Boulevard, Bethlehem, PA 18017	

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

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.

Source (Name and Address)	Value
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13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	<b>Position Held</b> (i.e., officer, director, employee, etc.)
Business Entity (Name and Address) Name: Advantage Inspection Service, LLC Address: 2404 East Boulevard, Bethlehem, PA 18017	Owner

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	<b>Interest Held</b> (i.e., 5%, 10%, etc.)
Name and Address of Business Advantage Inspection Service, LLC 2404 East Boulevard, Bethlehem, PA 18017	Owner

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	<b>Interest Held Relationship Date Transferred</b>
Business (Name and Address) 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 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 March 9, 2025

THIS FORM \_\_\_\_\_ ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE