

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

|    |             |            |    |        |
|----|-------------|------------|----|--------|
| 01 | LAST NAME   | FIRST NAME | MI | SUFFIX |
|    | N E G R O N | O L G A    |    |        |

|    |   |           |       |          |           |          |
|----|---|-----------|-------|----------|-----------|----------|
| 02 | ADDRESS office (business or governmental) or home | City      | State | Zip Code | Area Code | Phone    |
|    | 1552 Luzerne St                                   | Bethlehem | PA    | 18017    | ( 610 )   | 762-5447 |

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 type="checkbox"/> Candidate (Including write-in) | C | <input checked="" 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 M e m b e r

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) **Community Liaison**

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: **2 0 2 1**

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.

|       |          |               |
|-------|----------|---------------|
| Name: | Address: | Interest Rate |
|       |          |               |

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

|                     |                                     |                     |
|---------------------|-------------------------------------|---------------------|
| Name: HGSK Law Firm | Address: 1136 Hamilton St Suite 101 | (OFFICIAL USE ONLY) |
| City of Bethlehem   | 10 Church St, Bethlehem, PA         |                     |

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 |
|                           |       |

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

|                                    |   |
|------------------------------------|---|
| Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.) |
| Name:                              | Address:  |
|                                    |   |

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

|                              |                                     |
|------------------------------|-------------------------------------|
| Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.) |
|                              |                                     |

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

|                               |                  |
|-------------------------------|------------------|
| Business (Name and Address)   | Interest Held    |
| Transferee (Name and Address) | 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. § 1104 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date 01/31/2022

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