

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 VAN WIRT PAIGE E

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 42 W Market St. Bethlehem PA 18018 484 602 7348

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 Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this box if you are filing as a solicitor Check this box if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

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

A CITY COUNCIL 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 CITY OF BETHLEHEM

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Physician Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2020

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. Interest Rate

Name: See attached Address:

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

Name: See attached Address:

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. Value

Source (Name and Address)

13 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.)

Business Entity (Name and Address) Name: Rosenfeld Van Wirt PC Address: 1605 N Cedar Crest Blvd Allentown PA 18104

14 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: Rosenfeld Van Wirt PC 44%

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

Business (Name and Address) Transferee (Name and Address) Interest Held 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. §4904 (a) (1) (authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 4.30.21

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

Block 9 Creditors

Citizens One Auto Finance	PO Box 42113 Providence RI	4.9%
Chase Bank	PO Box 15153 Wilmington DE	11.9%
Navient Student Loans	PO Box 9533 Wilkes Barre PA	3.75%

Block 10 Sources of Income

Rosenfeld Van Wirt PC	1605 N Cedar Crest Blvd Allentown PA
Fidelity Investments	PO Box 770002 Cincinnati OH
City of Bethlehem	10 E Church St Bethlehem PA
