

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME P o p l a w s k i	FIRST NAME J o s e p h	MI F	SUFFIX
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02	ADDRESS office (business or governmental) or home 2404 East Boulevard	City Bethlehem	State PA	Zip Code 16017-4014	Area Code (610)	Phone 694-9946
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03 STATUS Check applicable box or boxes, more than one box may be marked.

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	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		Check this box if you are amending an original filing <input type="checkbox"/>

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A R e p r e s e n t a t i v e	<input checked="" type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

05 GOVERNMENTAL BODY 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 G e n e r a l A s s e m b l y D i s t r i c t 1 3 5	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Construction Inspector	07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 5
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08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision If NONE, check this box

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
Name Bank Of America Address PO BOX 15019 Wilmington DE	Interest Rate
US Department Of Education Address PO Box 5227 Greenville TX 75403	14

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment	If NONE, check this box <input type="checkbox"/>
Name Quality Engineering Solutions, Inc. Address 180 N Franklin St. Suite G	(OFFICIAL USE ONLY)
Cochranton, PA 16314	

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

Source of Gift	If NONE, check this box <input type="checkbox"/>
Value of Gift	
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE

Source (Name and Address)	If NONE, check this box <input type="checkbox"/>
Value	

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Business Entity (Name and Address)	If NONE, check this box <input type="checkbox"/>
Position Held (i.e. officer, director, employee, etc.)	

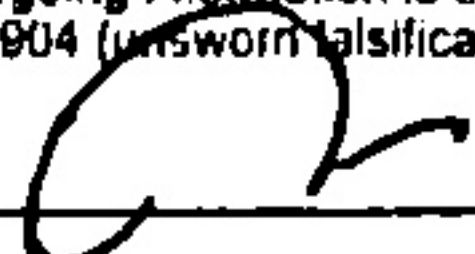
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

Business (Name and Address)	If NONE, check this box <input type="checkbox"/>
Interest Held (i.e. 5%, 10%, etc.)	

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address)	If NONE, check this box <input type="checkbox"/>
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 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature  Enter Current Date 3/08/2026

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.**