COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/17

## STATEMENT OF FINANCIAL INTERESTS

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

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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.  ON STATUS Office & applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A   Candidate (including write-in)   C   Public Official (Current)   D   Public Employee (Current)   E   Check this block if you are fling as a solicitor of the color of the c		BICHANIII	
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A Set Interest Rate 6.375  A Set Instructions on page 2). Freditor (Name and Address)  Or Standard Control of	BTEACHERBASD	Seeking India Ineia	
OF OCCUPATION OR PROFESSION (This may be the same as block 4)  DEMILITIES OF THE CALL STATE INTERESTS (See instructions on page 2)  OR REAL ESTATE INTERESTS (See instructions on page 2)  OF OCCUPATION OR PROFESSION (This may be the same as block 4)  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 6  OF OCCUPATION OR PROFESSION (This may be the same as block 4)  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 6  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 6  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 6  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may be the same as block 4)  OF OCCUPATION OF PROFESSION (This may b	05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc	
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:    Description	Blethlehem Acea	School District	
29 - 73 Linder St. Delh Mem Pa . 18018  OB CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: NOSE terms Morta and Address)  Address 1-0 Lot 24596  DIRECT, OR INDIRECT SQUIRCES OF WCOME interest in the limited to all employment. (See instructions on page 2). Creditor (Name and Address)  If NONE check this box.   Address 1-0 Lot 24596  DIRECT, OR INDIRECT SQUIRCES OF WCOME interest in the limited to all employment. (See instructions on page 2). Creditor (Name and Address)  Interest Rate 6.375	Deficiency ouncilman	Information in Blocks 8 -15 represents	
Name Chase Heave Mortgard Address 1-0. Lat 2466 Interest Rate 6.515  Chase Heave Mortgard 1.0. Lat 2461 6.50  10 DIRECT ORINDIRECT SOURCES OF INCOME including four intellimited (g) all employment. (See instructions on pg. 12) ONLY IFFNONE, (OFFICIAL USE ONLY)	536 Hayes Sty Blith 1 th 120, 180, 180, 180, 180, 180, 180, 180, 18		
10 DIRECT OR INDIRECT SOURCES OF INCOME in that limited (g) all employment. (See instructions on pg. (2) ONLY IF NONE, (OFFICIAL USE ONLY)	Name: Chase Heme Mortgail Address	1.0.6 Interest Rate 6.215	
Byon Callahan Driving School-633 Main St. Bethlehem Rg.	DIRECT OR INDIRECT SOURCES OF INCOME including but not limited to) all employs by the file should be the source of	ment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2) If NONE, sheck this box.	11 GIFTS (See instructions on page 2) If NONE, check this box.		
Source of Gift  Value of Gift	Source of Girt	Value of Gift	
Address of Source of Gift  Circumstances (including description) 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)		NONE, check this box. Value	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of page 2) If NONE, check this box. Position Held (i.e., officer, director, Business Entity Warme and Address Destriction of Destriction of Page 2) If NONE, check this box. Position Held (i.e., officer, director, employee efforts) and the control of t			
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 8) If NONE check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business Calonfato UC- 633 Main St. Supplies Main Ray 8000			
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)  Date Transferred	Transferee (Name and Address)	Relationship Date Transferred	
The undersigned hereby at to the penalties prescribed he best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed he Public Official and Employee Ethics Act, 65 Pa.C.S. §1009(b).	The undersigned hereby at to the penalties prescribed	st of said person's knowledge, information and belief; said affirmation being made subject	
Signature Enter Current Date Enter Current Date S 15 17 THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.			