

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
WALDRON ADAM R MR

02 ADDRESS office (business or governmental) or home 10 E Church St Bethlehem PA 18008 (610) 462 3877

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

03 STATUS Check 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 filing as a solicitor Check this block 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 Council Member 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, township, etc.)
A City of Bethlehem
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Painting Contractor
07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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 pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: City of Bethlehem Address: Waldron Painting
10 E Church St Bethlehem PA 511 2nd Ave Bethlehem PA 18008

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: Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address) Name: Waldron Painting Address: 511 2nd Ave Bethlehem PA Owner

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.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box:
Business (Name and Address) Interest Held Relationship Date Transferred
Transferee (Name and Address) An

The undersigned hereby affirms that this is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed to the penalties prescriber
Signature _____ Enter Current Date 4/28/20

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