COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 **LAST NAME** Del **FIRST NAME** Celeste **MI** L **SUFFIX**

02 **ADDRESS office (business or governmental) or home** 305 Prospect Ave 311 **City** Bethlehem **State** PA **Zip Code** 18018 **Area Code Phone** (917) 251-9696

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

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

☐ **Check this box if you are amending an original filing**

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)

Political campaign strategist

07 **YEAR SEE INSTRUCTIONS.** Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.** ☒

NONE

09 **CREDITORS** (See instructions on page 2) Creditor (Name and Address) **If NONE, check this box.** ☐

Name: Santander Consumer Credit Address: PO Box 660633 Dallas TX

Interest Rate 10%

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: Advantage PEP LLC Address: 305 Prospect Ave Bethlehem PA 18018

(OFFICIAL USE ONLY)

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: Advantage PEP LLC Address: 305 Prospect Bethlehem | Owner Sole Prop

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.)

Advantage PEP LLC 305 Prospect Bethlehem | 100%

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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 3/6/23

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