

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
GRUBB DANA B

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
2420 HENDERSON PLACE BETHLEHEM PA 18017 (610) 866-6989

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 BETHLEHEM MAYOR
 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.
FREELANCE PHOTOGRAPHER 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 SHEET 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 SHEET 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: CONCREPIX PHOTOGRAPHY Address: 2420 HENDERSON PLACE BETHLEHEM, PA 18018 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.)
Name and Address of Business CONCREPIX PHOTOGRAPHY / SOLE PROPRIETORSHIP 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 Relationship Date Transferred
Transferee (Name and Address)

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 03/08/2021

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

**Statement of Financial Interests
Commonwealth of Pennsylvania
Attachment #1**

09 Creditors

Subaru Motors Finance (Chase Bank), PO Box 901076, Ft. Worth, TX 76101

PSECU, PO Box 67013, Harrisburg, PA 17106

Bank of America, PO Box 15284, Wilmington, DE 19850

10 Direct or Indirect Sources of Income

Concertpix Photography, 2420 Henderson Place, Bethlehem, PA 18017

PMRS, PO Box 1165, Harrisburg, PA 17108