

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** KWIA TEK **FIRST NAME** HILARY **MI** G **SUFFIX**

02 **ADDRESS office (business or governmental) or home** 630 SPRING STREET **City** BETHLEHEM **State** PA **Zip Code** 18018 **Area Code** (610) **Phone** 984-7748

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 Check this box 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 CITY OF BETHLEHEM CITY COUNCIL

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

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) COMMUNICATIONS SPECIALIST

07 **YEAR SEE INSTRUCTIONS.** 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.

Name: CHASE Address: POB 15298 WILMINGTON, DE 19050 Interest Rate: 13.24%

Name: VOLKSWAGEN CREDIT Address: POB 3 HILLSBORO, OR 97123 Interest Rate: 4.9%

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: LEHIGH UNIVERSITY Address: 27 Memorial Drive West Bethlehem, PA 18011

(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) Name: LEHIGH UNIVERSITY Address: 27 Memorial Drive West Bethlehem, PA 18011 Position Held (i.e., officer, director, employee, etc.) Employee

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.)

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 [Signature] Enter Current Date 3/8/2021

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