COMMONWEALTH OF PENNSYLVANIA SEC-1 (Rev. 01/23)

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS FIRST NAME SUFFIX 01 LAST NAME M 11461 Zip Code State Area Code Phone 02 ADDRESS office (business or governmental) or home . Market St `,#lo B018 0-MOTE: 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. Check this box if you C Public Official (Current) Public Employee (Current) Candidate (including write-in) Check this box are amending if you are filing as a solicitor D Public Employee (Former) Nominee Public Official (Former) an original filing PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) L seeking hold held 04 seeking hold Ш held В 05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) + B 06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents 2 0 Grants Specialist disclosure for the calendar year listed here: If NONE, check this box REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision 08 If NONE, check this box 09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Interest Rate Name: Address: If NONE, check this box DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment 10 University ( see attached heet) Address: 420 E. Facter Avenue (OFFICIAL USE ONLY) If NONE, check this box GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Value of Gift Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE If NONE, check this box 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box 13 (+ see attached) Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.) ehigh University Address: 420 E. Packer Ave. Bethlehen Employee If NONE, check this box FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.) **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** If NONE, check this box 15 Business (Name and Address) Interest Held Relationship 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 \$4004 trassworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). **Enter Current Date** THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 Statement of Financial Interests ADDENDUM Kiera Wilhelm Bethlehem City Council

## Refer to BLOCK 10 & 13:

Employer #2:

Touchstone Theatre
321 E. 4<sup>th</sup> Street
Bethlehem, PA 18015
Director of Development, Outreach, and Communications

Employer #3:

Lehigh Valley Celebrants
537 Prospect Avenue
Bethlehem, PA 18018
Independent Contractor (Celebrant)