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

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY
01 LAST NAME FIRST NAME MI SUFFIX
Colon michael G
02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
1956 Ridgalawn Aus Dethl-h-em PA 18018 (610) 462-885
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 amending if you are filing
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A Admissions Coordinator
seeking hold held
Bethlehem Lity Countilman
O5 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 COUNTY OF NORTHAMPTON-GRALZDAILZ
Bleth II < h < m () ty (o) n < i I
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Amilians Containstor City Council name disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions or page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Name: U. S. Department of Address: 400 Mary Land AVR SU
Education Weghington B. C. 20002 7.00%
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.
Name: County of Northampton Address: 669 Wishington St.
Exstan, pa 18842
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)
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.)
Name: Address:
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
Business (Name and Address) Business (Name and Address) Business (Name and Address) Business (Name and Address)
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. § 40 authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
Signature Enter Current Date $\frac{\gamma/29/21}{}$
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTEREST ADDITIONAL INFORMATION

Colón, Michael G. FOR YEAR 2020 DATE: 4/29/21

- 4. PUBLIC POSITION OR PUBLIC OFFICE:
 - C. Bethlehem Human Relations Commission Commissioner Hold
- 5. GOVERNMENTAL ENTITY
 - C. City of Bethlehem Human Relations Commission
- 9. CREDITORS

NAME: USAA

ADDRESS: 9800 Fredericksburg Road, San Antonio, TX 78288

INTEREST RATE: 11.89%

10. DIRECT OR INDIRECT SOURCES OF INCOME

NAME: City of Bethlehem

ADDRESS: 10 E. Church Street, Bethlehem, PA 18018