

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	L E O N	R A C H E L		

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	10 E. Church Street	Bethlehem	PA	18015	(610)	865-7130

NOTE: IF YOU ARE INCLUDING ASSETS, 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 are amending an original filing
	A Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D Public Employee (Current)	E <input type="checkbox"/> Check this box if you are filing as a solicitor		
	B Nominee	C <input type="checkbox"/> Public Official (Former)	D Public Employee (Former)			

04	PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)	seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A	C O U N C I L M E M B E R			
B				

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.)
A	C I T Y O F B E T H L E H E M
B	

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
	Council member	Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 2

08	REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision	If NONE, check this box <input type="checkbox"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input checked="" type="checkbox"/>
	Name: _____ Address: _____	Interest Rate

10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment	If NONE, check this box <input type="checkbox"/>
	Name: Department of Veterans Affairs Address: 1800 G St. NW Washington, DC 20006	(OFFICIAL USE ONLY)

11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	If NONE, check this box <input checked="" type="checkbox"/>
	Source of Gift _____ Value of Gift _____	
	Address of Source of Gift _____ Circumstances (including description) of Gift _____	

12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE	If NONE, check this box <input checked="" type="checkbox"/>
	Source (Name and Address) _____ Value _____	

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input checked="" type="checkbox"/>
	Business Entity (Name and Address) _____ Position Held (i.e., officer, director, employee, etc.) _____	
	Name: _____ Address: _____	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input checked="" type="checkbox"/>
	Business (Name and Address) _____ Interest Held (i.e., 5%, 10%, etc.) _____	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	If NONE, check this box <input checked="" type="checkbox"/>
	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 (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1108(b).

Signature: _____ Enter Current Date 01/31/2023

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