

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
WALDRON ADAM R MR

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
10 E Church St Bethlehem PA 18018 (610) 462 3877

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block 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  hold  
A Councilman  seeking  hold  hold

B Councilman

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.  
Painting Contractor Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2017

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: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)  
Name City of Bethlehem Address 10 E Church St Bethlehem  
Adam Waldron Painting 511 2nd Ave Bethlehem

\* Additional Year

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 Adam Waldron Painting Address 511 2nd Ave Bethlehem 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 Adam Waldron Painting 511 2nd Ave Bethlehem Owner

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned here to the penalties prescribed...

Signature

THIS FORM IS CONTINUED...

ect to the best of said person's knowledge, information and belief, said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1108(b).

Enter Current Date

4/30/18

LOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

\* 10 Direct Source of Income

East Coast Power Volleyball LLC

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King of Prussia 19406