

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 RECCHIUTI MICHAEL D

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 1472 Monocacy St. Bethlehem PA 18018 (610) 360-1723

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
 B Nominee C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A BETHLEHEM CITY COUNCIL seeking hold held

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

Attorney / City Councilman / Professor 2014

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: American Education Services	Address: PO Box 2461 Harrisburg PA 17105	Interest Rate 3.41
ACS Education Services	PO Box 7051 Utica NY 13504	3.250

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: Law Offices of Michael D. Recchuti, LLC	Address: 1502 Center St. Suite 102 Bethlehem PA 18018
City of Bethlehem	Address: 10 E Church St. Bethlehem PA 18020
Northampton Community College	Address: 3025 Green Pond Rd. Bethlehem PA 18020

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) Position Held

Name: Law Offices of Michael D. Recchuti LLC Address: 1502 Center St. Suite 102 Bethlehem PA 18018 Member - Manager / Attorney

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

Law Offices of Michael D. Recchuti LLC 1502 Center St. Suite 102 Bethlehem PA 18018 Sole Member - 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 hereby certifies that the foregoing is a true and correct statement of the knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/9/15

THIS FORM IS TO BE FILED WITH THE STATE ETHICS COMMISSION. MAKE A COPY FOR YOUR RECORDS.