

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S	H	A	R	P	E	R	O	B	E	R	L	J	R
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02 ADDRESS City State Zip Code Area Code Phone

POST OFFICE BOX 3088 ALLENTOWN PA 18106 (610) 417-7315

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 LOWER MACUNGIE TWP COMMISSIONER

seeking hold held

B

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 LOWER MACUNGIE TOWNSHIP

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ATTORNEY 2011

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: EDUCATION SERVICES	Address: PO BOX 7058, UTICA NY 13504-7058	Interest Rate: 6%
CHASE	P.O. BOX 78420, PHOENIX, AZ 85062-8420	17.37%

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.

Name: WILENTZ, GOLDMAN & SPITZER, P.A.	Address: WOODBRIDGE, NJ 07095-0958	(OFFICIAL USE ONLY)
PRINCE LAW OFFICES, P.C.	646 LENAPE ROAD, BECHTELSTVILLE, PA 19505	

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

MAR 4 2011

LOWER MACUNGIE TOWNSHIP

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

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: SHARPE LAW OFFICE Address: P.O. BOX 3088, ALLENTOWN, PA 18106 SOLE PROPRIETOR

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

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

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. §4904 (unsworn false statement) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 2-18-2011

THIS FORM IS CONSIDERED DEFICIENT IF IT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.