

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME BROWN FIRST NAME DOUGLAS MI H SUFFIX

02 ADDRESS 5255 CELIA DRIVE City WESCOSVILLE State PA Zip Code 18106 Area Code (610) Phone 395-8945

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

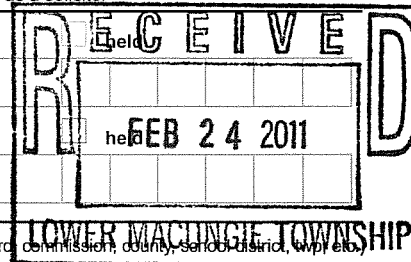
B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

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

A COMMISSIONER seeking hold

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, township, etc.)

A LOWER MACUNGIE TOWNSHIP

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ENGINEER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: BROWN CONSULTING ENGINEERS Address: P.O. Box 3192 Allentown PA 18106

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.

Business Entity (Name and Address) Name: BROWN CONSULTING ENGINEERS Address: P.O. Box 3192 Allentown PA Position Held: PRESIDENT

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 BROWN CONSULTING ENGINEERS, P.O. Box 3192 Allentown PA 18106 Interest Held: 100%

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 falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____

Enter Current Date 2/24/11

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

Statement of Financial Interest for Ryan T. Conrad
2010 Calendar Year
ATTACHMENT



09 – Creditors

- 1) Capital One Bank (USA)
P.O. Box 71083
Charlotte, NC 28272
Interest Rate: 0%
- 2) Citi Cards
P.O. Box 182564
Columbus, OH 3218-2564
Interest Rate: 0%
- 3) Capital One Auto Finance
PO Box 93016
Long Beach, CA 90809 – 3016
Interest Rate: 5.25%

10 – Direct or Indirect Sources of Income

- 1) Lehigh Valley / Pennsylvania Association of REALTORS®
10 S. Commerce Way
Bethlehem, PA 18017
- 2) Lehigh Carbon Community College
4525 Education Park Dr.
Schnecksville, PA 18078
- 3) Lower Macungie Township
3400 Brookside Road
Macungie, PA 18062
- 4) Palisades School District
39 Thomas Free Drive
Kintnersville, PA 18930

STATEMENT OF FINANCIAL INTERESTS

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01 LAST NAME FIRST NAME MI SUFFIX

E I C H E N B E R G R O W N L I D H ~~A~~

02 ADDRESS City State Zip Code Area Code Phone

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)

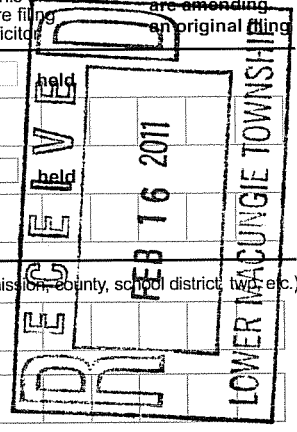
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

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

A C O M M I S S I O N E R

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, etc.)

A T O W N S H I P

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:

R E A L T O R 2 0 1 0

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: The Frederick Group Address: 3500 Winchester Rd

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.

Business Entity (Name and Address) Position Held

Name: Address:

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 information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 2/17/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

P U G L I E S E J O S E P H

02 ADDRESS City State Zip Code Area Code Phone

4909 MEADOW LANE MACUNGIE PA 18062 (610) 398-6279

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

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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 C O M M I S S I O N E R

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 L O W E R M A C U N G I E T O W N S H I P

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ACCOUNTANT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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 Address Interest Rate

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: CEDAR CREST COLLEGE Address: 100 COLLEGE AVE., ALLENTOWN, PA 18104

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

Source of Gift

Address of Source of Gift

Circumstances (including description)

Value of Gift

APR 28 2011

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: CEDAR CREST COLLEGE Address: 100 COLLEGE AVE., ALLENTOWN, PA ASST. CONTROLLER

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.

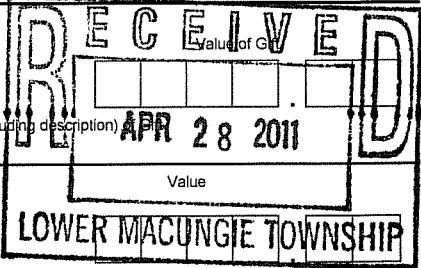
Business (Name and Address) Interest Held

Transferee (Name and Address) Relationship Date Transferred

The undersigned hereby affirms that the information provided is true, correct, and complete to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b).

Signature _____ Enter Current Date 4/26/2011

THIS FORM IS CONSIDERED VALID. MAKE A COPY FOR YOUR RECORDS.



STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

REIC ROGER C

02 ADDRESS City State Zip Code Area Code Phone

2077 ROLLING MEADOW DRIVE, MACUNGIE PA 18062 (610) 351-7333

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

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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 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)

REAL ESTATE SALES PERSON

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.

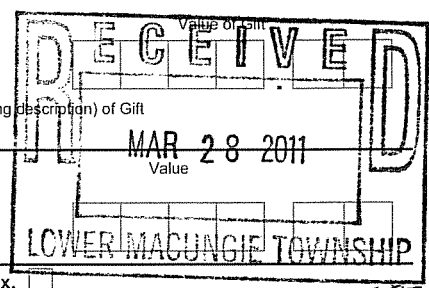
Name: Address: Interest Rate

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: LOWER MACUNGIE TWP RENTAL PROPERTY Address: 3400 BROOKSIDE RD, MACUNGIE, PA 18062 897 COLD SPRING RD, ATOWN, PA

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



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) FOUNDATION Name: LEHIGH CARBON COMM. COLLEGE Address: SCHNECKSVILLE, PA 18078 Position Held: MEMBER BRD OF DIRECTOR

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) Transferee (Name and Address) Interest Held 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. § 1109(a) (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 03/28/2011

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

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

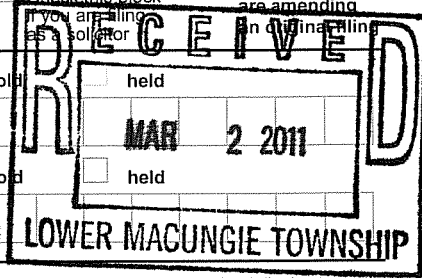
01 LAST NAME FIRST NAME MI SUFFIX
Y OTHERS DARRYL V

ADDRESS City State Zip Code Area Code Phone
5349 Princeton Rd. Macungie PA 18062-6109 610-965-4283

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A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
A TREASURER
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)
Treasurer
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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Name: Address: Interest Rate

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Name: Address: (OFFICIAL USE ONLY)

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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: Address:

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) Transferee (Name and Address) Interest Held Relationship Date Transferred
Darryl Others, Accounting Service 5349 Princeton Rd, Macungie, PA 18062 100%

The undersigned here... the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed... and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature: [Redacted] Enter Current Date: 3/1/11
THIS FORM ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.