COMMONWEALTH OF PENNSYLVANI
A SEC-1 REV. 01/18

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Sachar | FIRST NAME: Paul | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home | 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 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 Business Official

☐ seeking ☒ hold ☒ held

B Board Member

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 Erie County Technical School

B Northwestern Comm ED Foundation

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

Business Mgr / Treasurer

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2020

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: PSERS — Address: Harrisburg PA
Social Security Admin. — Washington DC.

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 (i.e., officer, director, employee, etc.)

Name: Northwestern Community Youth Center — Address: P.O. Box 73 Albion, PA — Treasurer

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 (i.e., 5%, 10%, etc.)

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 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 Paul P Sachar — Enter Current Date 3/17/2021

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