

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME										FIRST NAME										MI	SUFFIX																		
F I N N E R T Y										J O H N										P																			
02 ADDRESS office (business or governmental) or home										City										State		Zip Code		Area Code		Phone													
459 WYOMING AVENUE										KINGSTON										PA		18704		(570)		288-1427													
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.																																							
03 STATUS Check applicable box or boxes, more than one box may be marked.																																							
A <input type="checkbox"/> Candidate (including write-in)										C <input type="checkbox"/> Public Official (Current)										D <input type="checkbox"/> Public Employee (Current)										E <input checked="" type="checkbox"/> Check this box if you are filing as a solicitor					<input type="checkbox"/> Check this box if you are amending an original filing				
B <input type="checkbox"/> Nominee										C <input type="checkbox"/> Public Official (Former)										D <input type="checkbox"/> Public Employee (Former)																			
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held																																							
A S O L I C I T O R <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																																							
B																																							
05 GOVERNMENTAL BODY 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 C I T Y O F S C R A N T O N																																							
B																																							
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS																																							
Attorney															Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 4																								
08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision If NONE, check this box <input type="checkbox"/>																																							
09 CREDITORS TO WHOM IS OWED MORE THAN \$5,500 If NONE, check this box <input type="checkbox"/>																																							
Name: Subaru Motors Finance															PO Box 901037 Fl. Worth, TX 76101										Interest Rate 4.9%														
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment If NONE, check this box <input type="checkbox"/>																																							
Name: Dougherty, Leventhal & Price, LLP															Address: 459 Wyoming Avenue										(OFFICIAL USE ONLY)														
Cal-Dou-P-Wet															Kingston, PA 18704																								
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box <input checked="" type="checkbox"/>																																							
Source of Gift															Value of Gift																								
Address of Source of Gift															Circumstances (including description) of Gift																								
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE If NONE, check this box <input checked="" type="checkbox"/>																																							
Source (Name and Address)															Value																								
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input type="checkbox"/>																																							
Business Entity (Name and Address)															Position Held (i.e., officer, director, employee, etc.)																								
Dougherty, Leventhal & Price, LLP, 459 Wyoming Ave, Kingston, PA 18704															Partner																								
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input type="checkbox"/>																																							
Business (Name and Address)															Interest Held (i.e., 5%, 10%, etc.)																								
Cal-Dou-Mun, Cal-Dou-P-Wet, 459 Wyoming Ave, Kingston, PA 18704															Partner																								
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input checked="" type="checkbox"/>																																							
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

John P. Finnerly

Enter Current Date 02/10/2025

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.