

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	KOBIERECKI	DAVID	J	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	340 N WASHINGTON AVE	SCRANTON	PA	18503	(570)	348-4100

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)
B	<input type="checkbox"/> Nominee	D	<input checked="" type="checkbox"/> Public Employee (Current)
		E	<input type="checkbox"/> Check this box if you are filing as a solicitor
		D	<input type="checkbox"/> Public Employee (Former)
			<input type="checkbox"/> Check this box if you are amending an original filing

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	FIRE PENSION BOARD MEMBER	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

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	CITY OF SCRANTON

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

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

2024

08	REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision
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If NONE, check this box ☒

09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500
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If NONE, check this box ☒

Name:

Address:

Interest Rate

10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment
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If NONE, check this box ☒

Name: CITY OF SCRANTON
FIRE DEPARTMENT

Address: 518 Mulberry ST
SCRANTON PA 18510

(OFFICIAL USE ONLY)

11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE
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If NONE, check this box ☒

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
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If NONE, check this box ☒

Source (Name and Address)

Value

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS
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If NONE, check this box ☒

Business Entity (Name and Address)

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

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT
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If NONE, check this box ☒

Business (Name and Address)

OFFICE OF CITY
COUNCIL/CITY CLERK

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

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER
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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

David Kobiercki

Enter Current Date

2/12/2025

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.