COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME WALSH **FIRST NAME** DONALD **MI** J **SUFFIX**

02 ADDRESS office (business or governmental) or home: 1006 DERBY AVE **City** SCRANTON **State** PA **Zip Code** 18505 **Area Code** (570) **Phone** 961 3422

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 ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☒ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☒ held

A HOUSING APPEAL BOARD MEMBER

☐ seeking ☐ hold ☐ 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

B

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

07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

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

NONE

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

Name: Address: Interest Rate

RECEIVED FEB 08 2023

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

Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK (OFFICIAL USE ONLY)

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

Source (Name and Address): Value:

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

Business Entity (Name and Address)

Name: WALSH SHEET METAL Address: R 818 MEADOW AVE SCR

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

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

Business (Name and Address): WALSH SHEET METAL INC

Interest Held (i.e., 5%, 10%, etc.): 33 1/3 %

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — 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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: Donald J Walsh **Enter Current Date:** 2/4/23

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