Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for policital subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

RECEIVED
MAY 0 2 2023
OFFICE OF CITY COUNCIL/CITY CLERK

First Name * (?) Donald

Last Name * (?) King

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
340 N. Washington Ave

Address Line 2

City
Scranton

State / Province / Region
PA

Postal / Zip Code
18505

Country

Telephone * (?) 5703484280
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Lackawanna County

County/Local Entity * (?) City of Scranton

Position * (?) City Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) City of Scranton

Address * (?)

Street Address

340 N. Washington Ave

Address Line 2

City

Scranton

State / Province / Region

PA

Postal / Zip Code

18503

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

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).

☐ I Confirm

Signature* (?)	Date
Donald King	2023-01-26

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