

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	R e a g e r	J o h n	J	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	1116 Grandview Street	Scranton	PA	18509	(570)	7027195

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 checked="" type="checkbox"/> Public Employee (Current)	E <input 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.)  seeking  hold  held

A d i r e c t o r o f i t  seeking  hold  held

B  seeking  hold  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.)

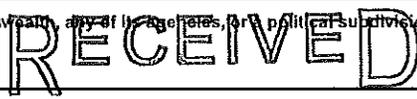
A  seeking  hold  held

B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Director of Info Technology**

07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: **2023**

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



09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

JUN - 3 2024

OFFICE OF CITY COUNCIL CLERK

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) employment

Name: **BlackOut Design, Inc** Address: **527 South Blakely St Dunmore, PA 18512**

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

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

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Business Entity (Name and Address) **BlackOut Design, Inc** Address: **527 South Blakely St Dunmore PA**

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

Business (Name and Address) **BlackOut Design Inc**

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

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address) **BlackOut Design Inc** 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 John J Reager Digitally signed by John J Reager Date: 2024.06.03 16:02:42 -0400 Enter Current Date 5/31/24

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