

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	C o w d e r	J o h n	C	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	1614 N Webster Ave	Dunmore	PA	18509	(570)	881-0823

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 checked="" type="checkbox"/> Public Official (Current)	D <input 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	S P L	A u t h o r i t y	B o a r d	M e m b e r
B	S P L	B o a r d	o f	T r u s t e e s

05 GOVERNMENTAL BODY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A	S P L	A u t h o r i t y		
B	S P L	B o a r d	o f	T r u s t e e s

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

Registered Architect

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

RECEIVED

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

Name: _____ Address: _____ Interest Rate: _____

MAR 12 2024

OFFICE OF CITY COUNCIL/CITY CLERK

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

Name: Lumbar LLC Address: 1614 N Webster Ave
Dunmore, PA 18509

(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): Lumbar LLC Address: 1614 N Webster Ave, Dunmore, PA
Position Held (i.e., officer, director, employee, etc.): President/CEO

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

Business (Name and Address): Lumbar LLC 1614 N Webster Ave, Dunmore, PA 18509
Interest Held (i.e., 5%, 10%, etc.): 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER. If NONE, check this box

Business (Name and Address): Lumbar LLC 1614 N Webster Ave, Dunmore, PA 18509
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 John C. Cowder Enter Current Date 03/09/2024

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