

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME L A Z O R		FIRST NAME W I L L I A M		MI R	SUFFIX
02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone 677 MARY ST SCRANTON PA 18508 (570) 342 5670					
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.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held A CHAIRMAN <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held B VICE PRESIDENT					
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 LACKAWANNA COUNTY TAX COLL COM B SCR/LACKAWANNA HEALTH+WELFAUTH					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) CPA/FIN ADVISOR				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 <input checked="" type="checkbox"/>					
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: See ATTACHED Address: APR 22 2024				If NONE, check this box <input type="checkbox"/> Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: See ATTACHED Address: OFFICE OF CITY COUNCIL/CITY CLERK				If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)	
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift Address of Source of Gift Circumstances (including description) of Gift				If NONE, check this box <input checked="" type="checkbox"/> Value of Gift	
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address)				If NONE, check this box <input checked="" type="checkbox"/> Value	
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) See ATTACHED				If NONE, check this box <input type="checkbox"/> Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) See ATTACHED				If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address)				If NONE, check this box <input checked="" type="checkbox"/> 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 William R Lazor

Enter Current Date 4/17/24

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.

Commonwealth of Pennsylvania, Form SEC-1 REV 01/24
Statement of Financial Interests
Continuation Sheet
April 17, 2024

Question 09, Creditors:

	<u>Interest Rate</u>
Chase Card Services, PO Box 15298, Wilmington, DE 19850	Varies
Capital One, PO Box 26074, Richmond, VA 23260	Varies
Barclay's Bank DE, 100 South West St, Wilmington, DE 19801	Varies
Penn East FCU, Rt 6&11, Clarks Summit, PA 18411	3.49%

Question 10, Direct or Indirect Sources of Income:

Kronick Kalada Berdy & Co, PC, 190 Lathrop St, Kingston, PA 18704
Keystone Financial Advisors, Inc, 190 Lathrop St, Kingston, PA 18704
Oppenheimer & Co, Inc, 125 Broad Street, New York, NY 10004
Morgan Stanley Smith Barney, 1 NY Plaza, 12th Floor, New York, NY 10004
PPL Corporation, 2 North 9th St, Allentown, PA 18101
Lathrop Street Partners, 190 Lathrop St, Kingston, PA 18704

Question 13, Office, Directorship or Employment in Any Business:

Kronick Kalada Berdy & Co, PC, Vice President
Keystone Financial Advisors, Inc., Vice President
McCole Foundation, Treasurer
PICPA PAC
Moses Taylor Foundation, Chair
MT Health Care Insurance SPC Limited-Director

Question 14, Financial Interest in Any Legal Entity in Business for Profit (Approx. %):

Kronick Kalada Berdy & Co, 190 Lathrop St, Kingston, PA 18704 (0%)
Keystone Financial Advisors, 190 Lathrop St, Kingston, PA 18704, (0%)
Lathrop Street Partners, 190 Lathrop St, Kingston, PA 18704 (0%)