

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.		<input type="checkbox"/> Check this box if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)
	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	S P L A u t h o r i t y B o a r d M e m b e r		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
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)	07 YEAR SEE INSTRUCTIONS
	Registered Architect	Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 3

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"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input checked="" type="checkbox"/>
	Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK	Interest Rate

10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) employment	If NONE, check this box <input type="checkbox"/>
	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 <input type="checkbox"/>
	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 <input type="checkbox"/>
	Source (Name and Address) Value	

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input type="checkbox"/>
	Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)	
	Name: Lumbar LLC Address: 1614 N Webster Ave, Dunmore, PA President/CEO	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input type="checkbox"/>
	Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)	
	Lumbar LLC 1614 N Webster Ave, Dunmore, PA 18509 100%	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	If NONE, check this box <input checked="" type="checkbox"/>
	Business (Name and Address) Transferee (Name and Address)	Interest Held Relationship Date Transferred
	Lumbar LLC 1614 N Webster Ave, Dunmore, PA 18509	

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 P. 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.