

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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|----|------------|------------|----|--------|
| 01 | LAST NAME | FIRST NAME | MI | SUFFIX |
| | WEINBERGER | JERRY | J | |

| | | | | | | |
|----|---|----------|-------|----------|-----------|----------|
| 02 | ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone |
| | 345 WYOMING AVE SUITE 200 | SCRANTON | PA | 18503 | (570) | 963-8880 |

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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| 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) | E <input type="checkbox"/> Check this box if you are filing as a solicitor |
| | B <input type="checkbox"/> Nominee | D <input type="checkbox"/> Public Employee (Former) | |

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| 04 | PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) | <input type="checkbox"/> seeking | <input type="checkbox"/> hold | <input type="checkbox"/> held |
| A | | | | |
| B | | | | |

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| 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 | SCRANTON LACRA HEALTH & WELFARE AUTHORITY |
| B | |

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| 06 | OCCUPATION OR PROFESSION (This may be the same as block 4) | 07 YEAR SEE INSTRUCTIONS |
| | ATX | Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023 |

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| 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: | Interest Rate |
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| 10 | DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment | If NONE, check this box <input type="checkbox"/> |
| Name: | Address: | (OFFICIAL USE ONLY) |
| JERRY WEINBERGER P.C. | 345 WYOMING AVE | |
| J. WEINBERGER PARTNERS | SCRANTON, PA 18503 | |

| | | |
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| 11 | GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE | If NONE, check this box <input checked="" type="checkbox"/> |
| Source of Gift | Value of Gift | |
| | | |
| Address of Source of Gift | Circumstances (including description) of Gift | |
| | | |

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| 12 | TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE | If NONE, check this box <input checked="" type="checkbox"/> |
| Source (Name and Address) | Value | |
| | | |

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| 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.) | |
| (See Block 10) | | |

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| 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.) | |
| (See Block 10) | | |

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| 15 | BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER | If NONE, check this box <input checked="" type="checkbox"/> |
| Business (Name and Address) | Interest Held Relationship Date Transferred | |
| Transferee (Name and Address) | | |

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: [Signature] Enter Current Date: 2/5/24

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.

WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
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| A. STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court | State Ethics Commission | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| Constables / Deputy Constables | State Ethics Commission | Append to nomination petition when filed with County Board of Elections | |
| Countywide City Borough Township Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| Magisterial District Judges | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with State Ethics Commission . For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| B. STATUS BLOCK B - NOMINEE State Level | State Ethics Commission | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| C. STATUS BLOCK C - PUBLIC OFFICIAL Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | State Ethics Commission | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| State House Member State Senate Member | State Ethics Commission | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| Constables / Deputy Constables | State Ethics Commission | No additional copy required | |
| D. STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | | |
| County City Borough Township Municipal (home rule) Municipal Authority School District | File only with your political subdivision | | |
| E. STATUS BLOCK E - SOLICITOR | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.