

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
E N T E N J O S E P H N

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
1122 WOODLAWN STREET SCRANTON PA 18509 (202) 329 4445

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 ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former) ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held
A COMMISSIONER / VICE CHAIR ☐ seeking ☐ hold ☐ held

B

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, township, etc.)

A SCRANTON PLANNING COMMISSION
B

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

Financial Representative

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:

JUN - 5 2024

IF NONE, check this box ☒

Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including income from employment

Name:

Address:

Northwestern Mutual

OFFICE OF CITY CLERK

72 Glenmuir Blvd
MOOSIC, PA 18507

IF NONE, check this box ☐

(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 ☒

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 ☒

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS
Business Entity (Name and Address)

IF NONE, check this box ☒

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT
Business (Name and Address)

IF NONE, check this box ☒

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 ☒

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:

Enter Current Date 6/5/24

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.