

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	B E A V E R S	C R A I G	S	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	27 N. 7th Street	Allentown	PA	18101	670	309-2754

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)
	B	<input type="checkbox"/> Nominee
	C	<input type="checkbox"/> Public Official (Current)
	D	<input checked="" type="checkbox"/> Public Employee (Current)
	E	<input type="checkbox"/> Check this box if you are filing as a solicitor
	C	<input type="checkbox"/> Public Official (Former)
	D	<input checked="" type="checkbox"/> Public Employee (Former)
		<input type="checkbox"/> Check this box if you are amending an original filing

04	PUBLIC OFFICE OR PUBLIC EMPLOYMENT	(i.e. administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input checked="" type="checkbox"/> held
A	Assistant	City Planner	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
B	Assistant	Director of Planning	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held

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	City	of Scranton
B	Township	of Palmer

06	OCCUPATION OR PROFESSION	(This may be the same as block 4)	12 YEAR SEE INSTRUCTIONS
	Assistant Director of Planning		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"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	OFFICE OF CITY COUNCIL/CITY CLERK	If NONE, check this box <input type="checkbox"/>
	Name: Department of Education	Address: PO Box 82561 Lincoln, NE 68501	Interest Rate
	Discover Bank	PO Box 309.9 Salt Lake City, UT 84130	4.45 and 22.49

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: City of Scranton	Address: 340 N. Washington Ave, Scranton, PA 18503
	Township of Palmer	3 Weller Place, Palmer, PA 18045

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

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

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input checked="" type="checkbox"/>
	Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input checked="" type="checkbox"/>
	Business (Name and Address)	Interest Held (i.e., 5%, 10%, etc.)

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	If NONE, check this box <input type="checkbox"/>
	Business (Name and Address)	Interest Held
	Transferee (Name and Address)	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: Craig Beavers

Digitally signed by Craig Beavers
Date: 2023.12.31 11:50:15 -05'00'

Enter Current Date: 12/31/2023

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.