

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME <b>P H A N E U F</b>	FIRST NAME <b>D A V I D</b>	MI <b>W</b>	SUFFIX <b>S R</b>
02	ADDRESS office (business or governmental) or home <b>1812 Academy St Scranton PA 18504 570, 892-1619</b>			
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 B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input 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 checked="" type="checkbox"/> hold <input type="checkbox"/> held A <b>SCRANTON / LACKAWANNA</b> B <b>HEALTH &amp; WELFARE AUTHORITY</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 B			
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <b>Retired</b>		07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <b>2023</b>	
08	REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision <b>N/A</b>		If NONE, check this box <input checked="" type="checkbox"/>	
09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: <b>N/A</b> Address: _____		If NONE, check this box <input checked="" type="checkbox"/> Interest Rate _____	
10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: <b>Social Security Retirement Funds</b> Address: _____		If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)	
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift <b>N/A</b> Address of Source of Gift _____		If NONE, check this box <input type="checkbox"/> Value of Gift _____ Circumstances (including description) of Gift _____	
12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address) <b>N/A</b>		If NONE, check this box <input type="checkbox"/> Value _____	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) <b>None</b>		If NONE, check this box <input checked="" 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) <b>None</b>		If NONE, check this box <input checked="" 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

**David Phanef SR**

Enter Current Date

**06/11/24**

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.