

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME HEISLER		FIRST NAME DWAYNE		MI	SUFFIX
02 ADDRESS office (business or governmental) or home 536 N WEBSTER AVE City Scranton State PA Zip Code 18510 Area Code 570 Phone 312-6244					
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 <input type="checkbox"/> Check this box if you are amending an original filing 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 SCRANTON PARKING AUTHORITY <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> 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 CITY OF SCRANTON B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Campaign Director		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 <input checked="" type="checkbox"/> 526-527 N Webster Ave, Scranton, PA 18510					
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input checked="" type="checkbox"/> Name: Address: 922 N 3rd St, Harrisburg, PA 17102					
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: PA Policy Center Address: 922 N 3rd St, Harrisburg, PA 17102 (OFFICIAL USE ONLY)					
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 checked="" type="checkbox"/> Business (Name and Address) Transferee (Name and Address) 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

5/21/24

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.