

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
K O B I E R E C K I D A V I D J

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
1602 SCHLAGER ST SCRANTON PA 18504 570 614-3488

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 FIRE FIGHTER ☐ 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, twp, etc.)
A FIRE PENSION BOARD MEMBER
B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 3

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: RECEIVED
If NONE, check this box ☒
Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment
Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK
If NONE, check this box ☒
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift
If NONE, check this box ☒

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE
Source (Name and Address) Value
If NONE, check this box ☒

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
If NONE, check this box ☒

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)
If NONE, check this box ☒

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER
Business (Name and Address) Transferee (Name and Address) Relationship Date Transferred
If NONE, check this box ☒

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 Kobercki Enter Current Date 3/2/2024

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.