

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME										FIRST NAME										MI	SUFFIX													
C O M M I N G S										M I C H A E L										S														
02 ADDRESS office (business or governmental) or home										City					State		Zip Code			Area Code		Phone												
809 CROWN AVE										SCRANTON					PA		18505			(570)		851-7571												
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 MEMBER SCRANTON REDEV. AUTH.																																		
<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, twp, etc.)																																		
A SCRANTON REDEVELOPMENT AUTH.																																		
B																																		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)															07 YEAR SEE INSTRUCTIONS																			
SUP, MARKETING FINCB BANK															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 <input checked="" type="checkbox"/> If NONE, check this box																																		
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 <input type="checkbox"/> If NONE, check this box																																		
Name: TRUST BANK PENNGART FCU															Address:										Interest Rate									
FINCB BANK																																		
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment <input type="checkbox"/> If NONE, check this box																																		
Name: FINCB BANK															Address: 200 S. BLAKELY ST.										(OFFICIAL USE ONLY)									
															DUNMORE, PA 18512																			
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE <input type="checkbox"/> If NONE, check this box																																		
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 <input type="checkbox"/> If NONE, check this box																																		
Source (Name and Address)															Value																			
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS <input type="checkbox"/> If NONE, check this box																																		
Business Entity (Name and Address)															Position Held (i.e., officer, director, employee, etc.)																			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT <input type="checkbox"/> If NONE, check this box																																		
Business (Name and Address)															Interest Held (i.e., 5%, 10%, etc.)																			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER <input type="checkbox"/> If NONE, check this box																																		
Business (Name and Address)															Interest Held Relationship Date Transferred																			
Transferee (Name and Address)																																		

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 [Signature] Enter Current Date 1-3-24

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.

WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

WHO MUST FILE	ORIGINAL COPY	ADDITIONAL FILINGS*	WHEN TO FILE
A. STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court	State Ethics Commission	Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029	ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION
Constables / Deputy Constables	State Ethics Commission	Append to nomination petition when filed with County Board of Elections	
Countywide City Borough Township Municipality (home rule charter)	File with the Clerk/ Secretary in the Municipality in which you are a candidate		
Magisterial District Judges	File with the County in which the Magisterial District is located		
School Director	File in the School District where you are a candidate		
Announced Write-in	For state office file with State Ethics Commission . For county or local office file with governing authority of political subdivision.	No additional copy required	Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame.
Unannounced Write-in Winners of Nominations			
Unannounced Write-in Winners of Elections			
B. STATUS BLOCK B - NOMINEE State Level	State Ethics Commission	File with the Official or Body vested with the power of confirmation	10 days before official or body approves or rejects the nomination.
County/Local Level	Governing authority of political subdivision		
C. STATUS BLOCK C - PUBLIC OFFICIAL Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices.	State Ethics Commission	File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed)	FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION.
State House Member State Senate Member	State Ethics Commission	File with the House Chief Clerk or Senate Secretary (whichever applies)	
Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC).	File only with the governing authority of the respective local political subdivision	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	
Constables / Deputy Constables	State Ethics Commission	No additional copy required	
D. STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer		
County City Borough Township Municipal (home rule) Municipal Authority School District	File only with your political subdivision		
} EMPLOYEE			
	E. STATUS BLOCK E - SOLICITOR	File with the governing authority of <u>each</u> political subdivision for which you are Solicitor	

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.