

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
ANES Pedro L

02 ADDRESS office (business or governmental) or home City Scranton State PA Zip Code 18505 Area Code 570 Phone 591-4806
555 Seymour Ave

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 ☐ hold
A ☐ seeking ☒ hold ☐ hold
B ☐ seeking ☒ hold ☐ hold

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 Human Relations Commission
B Sewer Authority

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Education Consultant Information in blocks 8-15 represents disclosure for the calendar year listed here: 2024

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 If NONE, check this box ☐
Name: Servbank mortgage Address: 555 Seymour Ave
Scranton, PA 18505 Interest Rate: 2.46

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment If NONE, check this box ☐
Name: U.S. Army Retired Pension Social Security Spouse death Address: 555 Seymour Ave
Scranton PA 18505 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box ☒
Source of Gift: Value of Gift:
Address of Source of Gift: RECEIVED AUG 22 2025

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

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ☐
Business (Name and Address): The Impact Group LLC, D/B/A Impact Learning Interest Held (i.e., 6%, 10%, etc.) 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☒
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: Pedro J. Ceres

Enter Current Date

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.