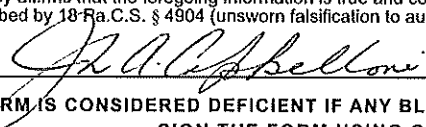


STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME		FIRST NAME		MI		SUFFIX					
C A P P E L L O N I		J O H N		A							
02 ADDRESS office (business or governmental) or home		City		State		Zip Code		Area Code		Phone	
2205 PROSPECT AVE		SCRANTON		PA.		18505		(570)		687-4883	
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 type="checkbox"/> Public Official (Current) D <input checked="" 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 DEPUTY EXECUTIVE DIRECTOR <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 HOUSING AUTHORITY											
B											
06 OCCUPATION OR PROFESSION (This may be the same as block 4)						07 YEAR SEE INSTRUCTIONS					
Deputy Executive Director						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 <input checked="" type="checkbox"/>											
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input checked="" type="checkbox"/>											
Name: Address: Interest Rate:											
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: SCRANTON HOUSING AUTHORITY Address: 400 ADAMS AVE SCR. PA 18510 (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:											
OFFICE OF CITY COUNCIL/CITY CLERK											
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input type="checkbox"/>											
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)											
ITALIAN-AMERICA CEMETERY - 2205 PROSPECT AVE. SCRANTON, PA 18505 PRESIDENT											
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) 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



Enter Current Date

12-31-2024

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.

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	EMPLOYEE File only with your political subdivision		
E. STATUS BLOCK E - SOLICITOR	File with the governing authority of <u>each</u> political subdivision for which you are Solicitor	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.