

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME F A L C H E K		FIRST NAME D A A V D		MI	SUFFIX	
02 ADDRESS office (business or governmental) or home 1705 CHURCH AVE		City SCRANTON	State PA	Zip Code 18508	Area Code (570)	Phone 5744045
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						
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 M E M B E R <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 S C R A N T O N B O A R D O F E T H I C S						
B						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) NONPROFIT EXECUTIVE			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 4			
08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision If NONE, check this box <input type="checkbox"/>						
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input 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: Serving Seniors Inc. Address: 116 N. Washington Ave., Scr. (OFFICIAL USE ONLY)						
LCCC, Rental Income, Equity Investments, MediaNews Group						
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box <input 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 type="checkbox"/>						
Source (Name and Address) Value						
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.)						
Scranton Downtown FCU, 129 Penn Ave., Scranton, Pa						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input 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 type="checkbox"/>						
Business (Name and Address) Transferee (Name and Address) 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

Dan Falchuk

Enter Current Date

5/7/2025

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.