

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME P H A N E U F										FIRST NAME D A V I D										MI W		SUFFIX S R							
02 ADDRESS office (business or governmental) or home 31 Green St Carbondale PA										State		Zip Code 18407				Area Code 670				Phone 892-1619									
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. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> A Candidate (Including write-in) <input type="checkbox"/> B Nominee</div><div><input type="checkbox"/> C Public Official (Current) <input type="checkbox"/> C Public Official (Former)</div><div><input type="checkbox"/> D Public Employee (Current) <input type="checkbox"/> D Public Employee (Former)</div><div><input type="checkbox"/> E Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div>																													
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) A P R E A S U R G E R <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held B <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																													
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 S C R A N T O N L A C K A W A N N A H E A L T H A N D B W E L F A I R C E N T E R																													
06 OCCUPATION OR PROFESSION (This may be the same as block 4) RETIRED AS BANKER															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 NONE																									If NONE, check this box <input checked="" type="checkbox"/>				
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: NONE Address: <div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>															If NONE, check this box <input checked="" type="checkbox"/> Interest Rate														
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Social Security Address: OFFICE OF CITY COUNCIL/CITY CLERK																									MAY - 2 2025 If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)				
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift Address of Source of Gift Circumstances (including description) of Gift																									If NONE, check this box <input checked="" type="checkbox"/> Value of Gift				
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/> Value				
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/> Position Held (i.e., officer, director, employee, etc.)				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)				
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/> 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 (unlawful disclosure to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

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.