

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME <div>CEPHAS</div>		FIRST NAME <div>FRED</div>		MI <div>G</div>	SUFFIX <div>3D</div>	
02 ADDRESS office (business or governmental) or home <div>600 Wyoming Ave #201</div>		City <div>Scranton</div>	State <div>PA</div>	Zip Code <div>18509</div>	Area Code <div>(570)</div>	Phone <div>468-0928</div>
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>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</div> <div>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</div>						
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 <div>A COMMISSIONER</div> <div>B</div>						
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.) <div>A SCRANTON HUMAN RELATIONS</div> <div>B COMMISSION</div>						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <div>Youth Mentor</div>		07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <div>2025</div>				
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 \$5,500 Name: Address: Interest Rate: If NONE, check this box <input checked="" type="checkbox"/>						
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Address: (OFFICIAL USE ONLY) If NONE, check this box <input checked="" type="checkbox"/>						
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift: Value of Gift: If NONE, check this box <input checked="" type="checkbox"/>						
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address): Value: If NONE, check this box <input checked="" type="checkbox"/>						
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.): If NONE, check this box <input checked="" type="checkbox"/>						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address): Interest Held (i.e., 5%, 10%, etc.): If NONE, check this box <input checked="" type="checkbox"/>						
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred: If NONE, check this box <input checked="" type="checkbox"/>						

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MAY 4 2026

OFFICE OF CITY COUNCIL/CITY CLERK

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: 

Fred Cephas

 Enter Current Date: 

5/1/2026

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.