

Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

RECEIVED

FEB 25 2026

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY (<https://www.ethicsrulings.pa.gov/WebLink/?dbid=0&repo=EthicsLF8>). YOU MAY **OFFICE OF CITY COUNCIL/CITY CLERK** ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here" (<http://www.ethicsforms.pa.gov/forms/SEC1Instructions>). Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No 

01 Name

First Name * (?) Daniel

Last Name * (?) Clarkson

Middle Initial W

Suffix 

02 Address

Business, Address Line 1
Governmental, Home, 1947 Myrtle Street
or Postal Address *
(?) Address Line 2

City State

Scranton PA


Zip Code

18510

Telephone * (?) 5704990131
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current) 

State or County/Local * (?) County/Local 

County * (?) Lackawanna County 

County/Local Entity * City of Scranton
(?)

Position * (?) Housing Appeals Board

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation Council Representative Carpenters Union
or Profession * (?)

"Add" - For block 6, you need only list one occupation or profession. If you have additional current occupation(s) or profession(s) that you wish to list, click here.

07 Year

Year * (?) 2025
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?)

No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Fidelity

Address (?) PO Box 6376

City * Fargo

X

State *	ND
Zip Code	58125
Interest Rate *	0.00
	Exclude the "%" symbol
Name * (?)	Welles Fargo
Address (?)	PO Box 51193
City *	Los Angeles
State *	CA
Zip Code	90051
Interest Rate *	0.00
	Exclude the "%" symbol
Name * (?)	Bank of America
Address (?)	PO Box 15019
City *	Wilmington
State *	DE
Zip Code	19886
Interest Rate *	0.00
	Exclude the "%" symbol
Name * (?)	Truist Bank
Address (?)	139 S. Broad Street
City *	Lansdale
State *	PA
Zip Code	19446
Interest Rate *	7.5
	Exclude the "%" symbol

X

X

X

" Add " - Click here to list any additional reportable creditor.

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes



Source of Income

Name * (?)

Eastern Atlantic Regional Council Of Carpen

Address * (?)

Address Line 1

650 Ridge Road

Address Line 2

City

Pittsburgh

State

PA

Zip Code

15205

" Add " - Click here to list any additional reportable direct or indirect source of income.

11 Gifts

Have you received any reportable gifts? * (?)

No



Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☒ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No



**Transportation,
Lodging, &
Hospitality
Disclaimer ***

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☒ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes 

Business Entity

Name * (?) Carpenters Local 445

Address * (?) Address Line 1
314 Pear Street

Address Line 2

City

Scranton

State

PA

Zip Code

18505

Position Held * (?) Vice President, Delegate

" Add " - Click here to list any additional office, directorship, or employment in a business.

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No 

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No



Additional comments
or explanations
about any of the
above sections:

Confirmation*

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).

☒ I Confirm

Signature * (?)

Value is required.

Last 4 digits of Social Security Number *

7959

This field will be hidden once the form is submitted.

Date 2-12-26

Date will
be
captured
on form
submission

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

Enter your valid e-mail address and an official copy of your filing will be emailed to you upon submission. **Your email address will remain private.**

E-mail Daniel.Clarkson@Comcast.net

Confirm E-mail Daniel.Clarkson@comcast.net

Submit

