

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME C O G N E T T I										FIRST NAME P A I G E										MI G		SUFFIX							
02 ADDRESS office (business or governmental) or home 1511 EUCLID AVE										City SCRANTON										State PA		Zip Code 18504		Area Code (202)		Phone 821-7801			
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					<input type="checkbox"/> Check this box if you are amending an original filing									
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.)																													
A MAYOR										<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 CITY OF SCRANTON																													
B																													
06 OCCUPATION OR PROFESSION (This may be the same as block 4) see 04										07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2025																			
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 see attached										Name: Address: Interest Rate										If NONE, check this box <input type="checkbox"/>									
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment										Name: Address: MAY 1 2026										If NONE, check this box <input checked="" type="checkbox"/> (OFFICIAL USE ONLY)									
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE										Source of Gift										If NONE, check this box <input checked="" type="checkbox"/> Value of Gift									
										OFFICE OF CITY COUNCIL/CITY CLERK																			
Address of Source of Gift										Circumstances (including description) of Gift																			
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE										Source of Transportation, Lodging, or Hospitality										If NONE, check this box <input type="checkbox"/> Value									
										See attached																			
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)										If NONE, check this box <input checked="" type="checkbox"/> 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

Paige A. Cognetti

Enter Current Date

4/29/2026

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

SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.

09 Creditors

American Express
200 Vesey Street
New York, NY 10285
28.49%

Bloomberg Philanthropies

25 East 78th Street
New York, NY 10075
\$675
Travel

Firstmark Services
121 South 13th Street
Lincoln, NE 68508
7.375%

New Deal Leaders
700 K Street Suite 300
Washington, DC 20001
\$1058
Travel, Lodging

12 Transportation, Lodging

US Conference of Mayors
1620 I Street NW
Washington, DC 20006
\$959
Travel, Food

Harvard Kennedy School
79 JFK Steet
Cambridge, MA 02138
\$1050
Travel, Lodging, Food

Leadership Now Project
155 West 23rd Street
New York, NY 10011
\$1927
Travel, Lodging, Food