

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
F o r c e D a n a

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
982 Providence RD Scranton PA 18509 570 3544748

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 ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor ☐ Check this box if you are amending an original filing
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held
A D i r e c t o r ☐ seeking ☐ hold ☐ 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 P a r k s a n d R e c r e a t i o n
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Director of Parks and Recreation Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 5

08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision If NONE, check this box ☐
my residence in Scranton purchased in 2018 residence purchased for son 2023 (spouse)

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box ☐
Name: Capital One Address: PO Box 71087 Charlotte, NC 28272-1087 Interest Rate: 11%
First Commonwealth Federal Credit Union (spouse) PO box 20450 Lehigh Valley, PA 18002

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment If NONE, check this box ☐
Name: City of Scranton Address: 340 N. Washington Ave Scranton 18503
Price Chopper Market 32 (spouse) 1228 O'Neil HWY Dunmore 18512 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box ☒
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 ☒
Source of Transportation, Lodging, or Hospitality Value
Address

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☐
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Director of Parks and Recreation APR 28 2026

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ☒
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)
OFFICE OF CITY COUNCIL/CITY CLERK

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☒
Business (Name and Address) 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

Enter Current Date 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.