

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME <b>HARRINGTON</b>		FIRST NAME <b>JOHN</b>		MI <b>J</b>	SUFFIX															
02 ADDRESS office (business or governmental) or home <b>102 Wilac Lane</b>		City <b>Scranton</b>	State <b>Pa</b>	Zip Code <b>18505</b>	Area Code <b>574</b>	Phone <b>241-4960</b>														
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.																				
<table border="0" style="width:100%"><tr><td>A <input type="checkbox"/> Candidate (including write-in)</td><td>C <input checked="" type="checkbox"/> Public Official (Current)</td><td>D <input type="checkbox"/> Public Employee (Current)</td><td>E <input type="checkbox"/> Check this box if you are filing as a solicitor</td><td colspan="3"><input type="checkbox"/> Check this box if you are amending an original filing</td></tr><tr><td>B <input type="checkbox"/> Nominee</td><td>C <input type="checkbox"/> Public Official (Former)</td><td>D <input type="checkbox"/> Public Employee (Former)</td><td colspan="4"></td></tr></table>							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)				
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04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																				
A <input type="checkbox"/> seeking <input 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 <b>Scranton Parking Authority</b>																				
B																				
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <b>2025</b>																	
08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth or 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 Name: Address: Interest Rate: <b>FEB 12 2026</b>																				
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including public office or employment If NONE, check this box <input type="checkbox"/> Name: <b>City of Scranton</b> Address: <b>340 N. Washington Ave Scranton, Pa. 18503</b> (OFFICIAL USE ONLY)																				
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE 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 Source of Transportation, Lodging, or Hospitality Value Address																				
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"/> Transferee (Name and Address) 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 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date

**02/12/2026**

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.