

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME HART										FIRST NAME J. H. N.										MI M		SUFFIX																			
02 ADDRESS office (business or governmental) or home 134 G GROVE ST.										City DUNMORE					State PA		Zip Code 18510			Area Code 610		Phone 344 2626																			
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 type="checkbox"/> Public Official (Current)							D <input type="checkbox"/> Public Employee (Current)							E <input checked="" 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.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input checked="" type="checkbox"/> held																																									
A SOLICITOR																																									
B																																									
05 GOVERNMENTAL BODY in which you were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp, etc.)																																									
A SCRANTON OFFICE OF CITY COUNCIL/CITY CLERK																																									
B																																									
06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY														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 type="checkbox"/>																																									
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: FED LOAN SERVICES CAPITAL ONE, N.A.														Address: ST. LOUIS, MO														If NONE, check this box <input type="checkbox"/> Interest Rate 0.0 6.5%													
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: HART LAW CITY OF SCRANTON LACKAWANNA COUNTY														Address: DUNMORE, PA SCRANTON, PA SCRANTON, PA														If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)													
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift														Value of Gift														If NONE, check this box <input type="checkbox"/>													
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														If NONE, check this box <input type="checkbox"/>													
Address																																									
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) HART LAW, LLC														DUNMORE, PA														If NONE, check this box <input 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) THE DUNMOREAN LLC														DUNMORE, PA														If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)													
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)														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 4/21/26

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.