

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME		FIRST NAME		MI	SUFFIX
HEINTZ		STEVEN		M	JR

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
1819 Capouse Ave	Scranton	PA	18509	(215)	301-3878

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.						<input type="checkbox"/> Check this box if you are amending an original filing
A <input type="checkbox"/> Candidate (including write-in)	C <input 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			
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input checked="" 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 DIRECTOR OF PARKS AND REC		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> 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, twp, etc.)	
A CITY OF SCRANTON	
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:
Recreation Director	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"/>
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09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
Name: Nelnet	Interest Rate
Address: PO Box 82565 Lincoln, NE 68501-2565	4.25%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment	If NONE, check this box <input type="checkbox"/>
Name: City of Scranton	(OFFICIAL USE ONLY)
Address: Arrowhead Lake Comm. Assoc.	340 N Washington Ave, Scranton, PA 961 Arrowhead Dr., Pocono Lake, PA

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	If NONE, check this box <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
Source of Transportation, Lodging, or Hospitality	Value
Address	

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input checked="" type="checkbox"/>
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	If NONE, check this box <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferee (Name and Address)	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

Steve Heintz

Enter Current Date

3/5/2026

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.