

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME K O B I E R E C K I		FIRST NAME D A V I D		MI J	SUFFIX	
02 ADDRESS office (business or governmental) or home 1602 SCHLAGER STREET		City SCRANTON	State PA	Zip Code 18504	Area Code 570	Phone 614-3488
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.						
<div style="display: flex; justify-content: space-between;"><div><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>B <input type="checkbox"/> Nominee</div></div><div><div>C <input type="checkbox"/> Public Official (Current)</div><div>C <input type="checkbox"/> Public Official (Former)</div></div><div><div>D <input checked="" type="checkbox"/> Public Employee (Current)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div><div><div>E <input type="checkbox"/> Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div></div>						
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held						
A FIRE P E N S I O N B O A R D M E M B E R <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 C I T Y O F S C R A N T O W						
B						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) FIRE FIGHTER			07 YEAR SEE INSTRUCTIONS 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 <input checked="" type="checkbox"/>
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500						If NONE, check this box <input checked="" type="checkbox"/>
Name: Address: Interest Rate:						
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 FIRE DEPT. Address: 340 N WASHINGTON AVE SCRANTON PA 18503						(OFFICIAL USE ONLY)
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) OFFICE OF CITY COUNCIL/CITY CLERK						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 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

*Daniel Kubit*

Enter Current Date

2/11/26

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.