

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME <div>S A N T O L I</div>		FIRST NAME <div>A N T H O N Y</div>		MI <div>D</div>	SUFFIX <div></div>
02 ADDRESS office (business or governmental) or home <div>DPW - 101 WEST Poplar Street</div>		City <div>SCRANTON</div>	Zip Code <div>18502</div>	Area Code <div>570</div>	Phone <div>947-2885</div>
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>A <input type="checkbox"/> Candidate (Including write-in)</div> <div>B <input type="checkbox"/> Nominee</div> <div>C <input type="checkbox"/> Public Official (Current)</div> <div>C <input type="checkbox"/> Public Official (Former)</div> <div>D <input checked="" type="checkbox"/> Public Employee (Current)</div> <div>D <input type="checkbox"/> Public Employee (Former)</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>					
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)					
<div>A <div>C I T Y F O R E S T E R</div><div><input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held</div></div> <div>B <div></div><div><input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held</div></div>					
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.)					
<div>A <div></div></div> <div>B <div></div></div>					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <div>Professional Forester</div>			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <div>2 0 2 5</div>		
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 Name: <div></div> Address: <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Interest Rate <div></div>		
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: <div>RETIRED</div>			If NONE, check this box <input checked="" type="checkbox"/> (OFFICIAL USE ONLY) <div>OFFICE OF CITY COUNCIL/CITY CLERK</div>		
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Value of Gift <div></div>		
Address of Source of Gift <div></div>			Circumstances (including description) of Gift <div></div>		
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source of Transportation, Lodging, or Hospitality <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Value <div></div>		
Address <div></div>					
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Position Held (i.e., officer, director, employee, etc.) <div></div>		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.) <div></div>		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) <div></div>			If NONE, check this box <input checked="" type="checkbox"/> Interest Held Relationship Date Transferred <div></div>		
Transferee (Name and Address) <div></div>					

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

Anthony Santoli

Enter Current Date

FEB 17 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.