

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
SMURL GERALD J

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
300 PROSPECT AVE SCRANTON PA 18505 570 644-3903

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 ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e., administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A SCRANTON CITY COUNCIL ☐ seeking ☐ hold ☐ held

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 CITY OF SCRANTON

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
HVAC CONTRACTOR 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 ☐

09 CREDITORS TO WHOM IS OWED MORE THAN \$5,500 If NONE, check this box ☐

Name: PEOPLES SECURITY BANK Address: 150N. WASHINGTON AVE SCR. 18503 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 ☐

Name: SMURL HVAC CONTRACTOR Address: 340N. WASHINGTON AVE SCRANTON 18503 (OFFICIAL USE ONLY)

SMURL APARTMENTS Address: 1111 STAFFORD AVE SCRANTON 18505

300 PROSPECT AVE SCRANTON 18505

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box ☒

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 \$550 IN THE AGGREGATE If NONE, check this box ☒

Source of Transportation, Lodging, or Hospitality Value

Address: RECEIVED MAY 1 2026

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☐

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

SMURL HVAC LLC OFFICE OF CITY COUNCIL/CITY CLERK

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ☒

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

OFFICE OF CITY COUNCIL/CITY CLERK

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☒

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 65 Pa.C.S. § 1104 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date

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.