

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME		FIRST NAME		MI	SUFFIX
Wallish		Shawn		A	
02 ADDRESS office (business or governmental) or home		City	State	Zip Code	Area Code Phone
2821 cedar Ave Scranton		PA		18505	(570) 575-2086
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 checked="" 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 type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this box if you are amending an original filing					
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 Zoning <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 Scranton					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS		
Self Employed			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 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: Montage Motors		Address: 2641 Pittston Ave		(OFFICIAL USE ONLY)	
		Scranton PA 18505			
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.)			
Montage Motors					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input type="checkbox"/>					
Business (Name and Address)		Relationship		Date Transferred	
Transferee (Name and Address)					

RECEIVED
FEB 17 2026

OFFICE OF CITY
COUNCIL/CITY CLERK

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 2-10-26

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.