

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME										FIRST NAME										MI		SUFFIX	
W e i n b e r g										J a c o b										H			

02 ADDRESS office (business or governmental) or home			City			State		Zip Code		Area Code		Phone	
415 Dogwood Drive			Clarks Summit			PA		18411		670		209-4306	

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 checked="" 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 checked="" type="checkbox"/> hold		<input type="checkbox"/> held	
A C o m m u n i t y a n d R e g i o n a l P l a n n e r										<input type="checkbox"/> seeking		<input type="checkbox"/> hold		<input checked="" type="checkbox"/> held	
B A s s i s t a n t C i t y P l a n n e r															

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 L e h i g h V a l l e y P l a n n i n g C o m m									
B C i t y o f S c r a n t o n									

06 OCCUPATION OR PROFESSION (This may be the same as block 4)					07 YEAR SEE INSTRUCTIONS				
City Planner					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"/>	
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09 CREDITORS TO WHOM IS OWED MORE THAN \$6,600										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 checked="" type="checkbox"/>	
Name: _____ Address: _____										(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	
<div></div>										<div></div>	
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	
<div></div>										<div></div>	
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 _____

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.