

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME <div>W E I N B E R G E R</div>		FIRST NAME <div>J E R R Y</div>		MI <div>J</div>	SUFFIX <div></div>	
02 ADDRESS office (business or governmental) or home <div>345 WYOMING AVE SUITE 200 SCRANTON</div>		City <div>SCRANTON</div>	State <div>PA</div>	Zip Code <div>18503</div>	Area Code <div>(570)</div>	Phone <div>963-8880</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) 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</div> <div>B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)</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.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held						
A <div></div> <div><input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held</div>						
B <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.)						
A <div>SCRANTON LAURA HEALTH & WELFARE</div>						
B <div></div>						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <div>ATTORNEY</div>			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <div>2025</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 If NONE, check this box <input checked="" type="checkbox"/> Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK 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: JERRY WEINBERGER PC. Address: 345 WYOMING AVE SUITE 200 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 type="checkbox"/> Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.) <div>See BLOCK 10</div>						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input type="checkbox"/> Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.) <div>See BLOCK 10</div>						
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

Enter Current Date

2/5/26

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.