

**STATEMENT OF FINANCIAL INTERESTS**  
**SEE INSTRUCTIONS FOR ADDITIONAL DETAILS**

<b>01 LAST NAME</b>		<b>FIRST NAME</b>		<b>MI</b>	<b>SUFFIX</b>
M C D E R M O T T		J A M E S		P	

<b>02 ADDRESS</b> office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
1210 WOODLAWN ST.	SCRANTON	PA	18509	(570)	343-0897

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

<b>03 STATUS</b> 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 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)				

<b>04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT</b> (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
A <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					

<b>05 GOVERNMENTAL BODY</b> 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 S C R A N T O N Z O N I N G H E A R I N G B O A R D					
B <input type="checkbox"/>					

<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) <b>RETIRED</b>	<b>07 YEAR</b> SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 4
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<b>08 REAL ESTATE INTERESTS</b> 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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<b>09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500</b>	If NONE, check this box <input checked="" type="checkbox"/>
Name: _____ Address: _____	Interest Rate _____

<b>10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE</b> , including (but not limited to) all employment	If NONE, check this box <input type="checkbox"/>
Name: PA. STATE PENSION/VA DISABILITY SOCIAL SECURITY Address: OFFICE OF CITY COUNCIL/CITY CLERK	(OFFICIAL USE ONLY)

<b>11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE</b>	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 _____	

<b>12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE</b>	If NONE, check this box <input checked="" type="checkbox"/>
Source (Name and Address) _____ Value _____	

<b>13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS</b>	If NONE, check this box <input checked="" type="checkbox"/>
Business Entity (Name and Address) _____	Position Held (i.e., officer, director, employee, etc.) _____

<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b>	If NONE, check this box <input checked="" type="checkbox"/>
Business (Name and Address) _____	Interest Held (i.e., 5%, 10%, etc.) _____

<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b>	If NONE, check this box <input checked="" type="checkbox"/>
Business (Name and Address) _____	Interest Held 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

*James M. McPherson*

Enter Current Date

2/24/25

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.