

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	F r a b l i e	S h e r r y	A	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	340 N. Washington Ave	Scranton	PA	18503	(717)	983-5297

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 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	<input type="checkbox"/> Check this box if you are amending an original filing
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		

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

A Director Economic Cmty Development ☐ seeking ☐ hold ☒ held

B Grants Manager ☐ seeking ☐ hold ☒ held

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 Employee

B Employee

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Director of Economic & Community Development

07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2024

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 \$6,500

Name: Address: Interest Rate: If NONE, check this box ☒

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment

Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK If NONE, check this box ☒

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

Source of Gift Value of Gift If NONE, check this box ☒

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE

Source (Name and Address) Value If NONE, check this box ☒

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.) If NONE, check this box ☒

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.) If NONE, check this box ☒

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address) Transferee (Name and Address) Relationship Date Transferred If NONE, check this box ☒

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: Sherry Frablie Enter Current Date: 2/12/2025

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.