

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0938

01 LAST NAME OMALLEY		FIRST NAME BARBARA		MI B	SUFFIX	
02 ADDRESS office (business or governmental) or home 638 Wheeler Ave		City Scranton	State PA	Zip Code 18510	Area Code (570)	Phone 3466371
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 style="display: flex; justify-content: space-between;"><div><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>B <input type="checkbox"/> Nominee</div></div><div><div>C <input checked="" type="checkbox"/> Public Official (Current)</div><div>C <input type="checkbox"/> Public Official (Former)</div></div><div><div>D <input type="checkbox"/> Public Employee (Current)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div><div><div>E <input type="checkbox"/> Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div></div>						
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)						
A SCRANTON MUNICIPAL RECREATION <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held						
B AUTHORITY MEMBER TREASURER <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> 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 SCRANTON MUNICIPAL RECREATION						
B AUTHORITY						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) SMRA member/ECE Consultant			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 <input checked="" type="checkbox"/>
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: C Address: Interest Rate:						If NONE, check this box <input checked="" type="checkbox"/>
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Community Services for Children, Allentown, PA Address:						If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:						If NONE, check this box <input checked="" type="checkbox"/>
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address):						If NONE, check this box <input checked="" type="checkbox"/>
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address):						If NONE, check this box <input checked="" type="checkbox"/> Position Held (i.e., officer, director, employee, etc.):
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address):						If NONE, check this box <input checked="" type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.):
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address): Transferee (Name and Address):						If NONE, check this box <input checked="" type="checkbox"/> 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

Barbara O'Malley

Enter Current Date

2/8/25

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.