

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
LYNCH K A R L P
02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
400 Adams Ave Scranton PA 18510 (570) 348-4401

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 ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former) ☐ Check this box if you are amending an original filing

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

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 Housing Authority
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Executive Director 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 If NONE, check this box ☒
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 ☒
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box ☒
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 ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☒
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 ☒
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☒
Business (Name and Address) 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: Karl P. Lynch Enter Current Date: 12-31-24

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.

WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
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| A. STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court | State Ethics Commission | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| Constables / Deputy Constables | State Ethics Commission | Append to nomination petition when filed with County Board of Elections | |
| Countywide City Borough Township Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| Magisterial District Judges | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with State Ethics Commission . For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| B. STATUS BLOCK B - NOMINEE State Level | State Ethics Commission | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| C. STATUS BLOCK C - PUBLIC OFFICIAL Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | State Ethics Commission | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| State House Member State Senate Member | State Ethics Commission | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| Constables / Deputy Constables | State Ethics Commission | No additional copy required | |
| D. STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | | |
| County City Borough Township Municipal (home rule) Municipal Authority School District | File only with your political subdivision | | |
| E. STATUS BLOCK E - SOLICITOR | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.