

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
W e l b y T h o m R

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
119 Park Drive Scranton PA 18505-0000 (570) 351-1784

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☒ Check this
box if you
are amending
an original filingB ☐ NomineeC ☐ Public Official (Former)D ☐ Public Employee (Former)04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A D i s t r i c t O f f i c e D i r e c t o r

☐ seeking ☐ hold ☐ held

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 P A H o u s e o f R e p r e s e n t a t i v e s

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

District Office Director

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents
disclosure for the calendar year listed here:

2 0 2 4

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:

RECEIVED

MAR 18 2025

If NONE, check this box ☒

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:

OFFICE OF CITY
COUNCIL/CITY CLERK

(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.)
Director

Name: Friendship House

Address: 415 Biden Street Scranton, PA 18503-0000

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)

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 Thom R. Welby

Enter Current Date 03/18/2025

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

STATEMENT OF FINANCIAL INTERESTS

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Name	Position		
Lackawanna County Visitors Bureau	Director		
Address	City	State	Zip Code
125 Jefferson Avenue	Scranton	PA	18503-0000
Name	Position		
Valley In Motion	Director		
Address	City	State	Zip Code
1300 Old Plank Road	Mayfield	PA	18433-0000
Name	Position		
West Scranton Wrestling Alumni Asso	Director		
Address	City	State	Zip Code
1621 Washburn Street	Scranton	PA	18504-0000
Name	Position		
Scranton Municipal Recreation Auth.	Vice-chair		
Address	City	State	Zip Code
500 Arthur Avenue	Scranton	PA	18510-0000