COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: ROTHCHILD FIRST NAME: JESSICA MI: SUFFIX:

02 ADDRESS office (business or governmental) or home: 1520 E. Gibson St. City: Scranton State: PA Zip Code: 18510 Area Code: (908) Phone: 380 4325

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 [X] Candidate (including write-in) C [X] Public Official (Current) D [ ] Public Employee (Current) B [ ] 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

RECEIVED MAR 21 2023 OFFICE OF CITY COUNCIL/CITY CLERK

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

A CITY COUNCIL

[X] seeking [X] hold [ ] held

B COMMISSION FOR WOMEN

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

B PENNSYLVANIA

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [X]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [ ]
Name: Higher Education Student Assistance Authority Address: PO Box 544 Trenton, NJ Interest Rate 2.99
Mohela 633 Spirit Dr. Chesterfield, Mo

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: Lehigh Valley Health Network Address: 100 Community Dr. Tobyhanna, PA
City of Scranton 340 N. Washington Ave. Scranton, PA
(OFFICIAL USE ONLY)

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

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [X]
Business Entity (Name and Address) — Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [X]
Business (Name and Address) — Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [X]
Business (Name and Address) — Interest Held
Transferee (Name and Address) — 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: Jessica Rothchild Enter Current Date: 3/3/23

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