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 HANLEY **FIRST NAME** MICHAEL **MI** J **SUFFIX**

02 ADDRESS office (business or governmental) or home: 800 Woodlawn St **City** Scranton **State** Pa **Zip Code** 18509 **Area Code** (570) **Phone** 816-4482

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Commissioner ☐ seeking ☒ hold ☐ held

B ☐ 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 SCRANTON REDEVELOPMENT AUTHORITY

B

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

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 ☑

None

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑

Name: None 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: Serving Seniors Address: 116 N Washington Ave Scranton 18503

(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)

Name: Address: Position Held (i.e., officer, director, employee, etc.)

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OFFICE OF CITY COUNCIL/CITY CLERK

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

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 _____ **Enter Current Date** Feb 15 2023

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