

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ELECTIONS COMMISSION
(717) 783-1810 • FAX: (717) 783-183001 LAST NAME FIRST NAME MI SUFFIX
Bartels-Bray Dimitri A02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
129 N Washington Ave Apt 705 Scranton Pa 18508 (570) 575-1517
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS03 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 filing04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held
A Commissioner ☐ seeking ☐ hold ☐ held
B05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.)
A Shade Tree Commission
B

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

Student

07 YEAR SEE INSTRUCTIONS

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

2023

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: Discover Student Loans
Toyota FinancialAddress: Philadelphia, PA 19176-0176
Tempe, AZ 85285Interest Rate
Varies
6.44%

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: University of Scranton (Work Study) Address: 800 Linden St, Scranton PA 18510

(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.)

University of Scranton - 800 Linden St, Scranton PA 18510

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)

MAY 01 2024

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 Access to Information Act, 65 Pa.C.S. §1109(b).

Signature: Bartels-Bray

Enter Current Date: 04/30/24

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.