

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME P I E T R E F A C E		FIRST NAME S C O T T		MI A	SUFFIX															
02 ADDRESS office (business or governmental) or home 101 WEST POPPLE ST		City Scranton	State PA	Zip Code 18506	Area Code (570)	Phone 702-9989														
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.																				
<table border="0" style="width:100%"><tr><td>A <input type="checkbox"/> Candidate (including write-in)</td><td>C <input type="checkbox"/> Public Official (Current)</td><td>D <input checked="" type="checkbox"/> Public Employee (Current)</td><td>E <input type="checkbox"/> Check this box if you are filing as a solicitor</td><td colspan="3"><input type="checkbox"/> Check this box if you are amending an original filing</td></tr><tr><td>B <input type="checkbox"/> Nominee</td><td>C <input type="checkbox"/> Public Official (Former)</td><td>D <input type="checkbox"/> Public Employee (Former)</td><td colspan="4"></td></tr></table>							A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this box if you are filing as a solicitor	<input type="checkbox"/> Check this box if you are amending an original filing			B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)				
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04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held																				
A D P W D I R E C T O R <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> 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 M U N I C I P A L																				
B																				
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 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 <input checked="" type="checkbox"/>														
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: Charvian Francis Address: Interest Rate: If NONE, check this box <input type="checkbox"/>																				
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: CITY OF SCRANTON Address: 341 N. WASHINGTON AVE SCRANTON, PA 18506 If NONE, check this box <input type="checkbox"/>																				
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift: Value of Gift: If NONE, check this box <input checked="" type="checkbox"/>																				
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address): Value: If NONE, check this box <input checked="" type="checkbox"/>																				
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.): If NONE, check this box <input checked="" type="checkbox"/>																				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address): Interest Held (i.e., 5%, 10%, etc.): If NONE, check this box <input checked="" type="checkbox"/>																				
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address): Transferee (Name and Address): Relationship Date Transferred: If NONE, check this box <input checked="" type="checkbox"/>																				

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

2/6/24

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
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.