

COMMONWEALTH OF PENNSYLVANIA  
SEC-1 (Rev. 01/24)STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ETHICS COMMISSION  
(717) 783-1810 • TOLL FREE 1-800-932-0938

01 LAST NAME FIRST NAME MI SUFFIX  
 R E I L L Y T H O M A S J J R

02 ADDRESS, office (business or governmental) or home City State Zip Code Area Code Phone  
 49 S. MAIN ST. SUITE 200 PITTSTON PA 18640 (570) 654-2473

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) D ☐ Public Official (Former) E ☐ Public Employee (Current) F ☐ Public Employee (Former) G ☐ Check this box if you are filing as a solicitor H ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ hold  
 A C I T Y E N G I N E E R  
 B ☐ seeking ☐ hold ☐ hold

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 C I T Y O F S C R A N T O N  
 B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS  
 ENGINEER Information in blocks 6-15 represents disclosure for the calendar year listed here: 2 0 2 3

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 \$5,500 If NONE, check this box ☒  
 Name: 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: REILLY ASSOCIATES Address: 49 S. MAIN ST. SUITE 200  
 REILLY BUILDING PITTSTON, PA 18640 (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:  
 RECEIVED APR 29 2024

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE If NONE, check this box ☒  
 Source (Name and Address): Value:  
 OFFICE OF CITY COUNCIL/CITY CLERK

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.)  
 REILLY ASSOCIATES 49 S. MAIN ST. SUITE 200 PITTSTON, PA 18640 PRESIDENT

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.)  
 NORTHEAST INFRASTRUCTURE 34 BROWN ST. HONESDALE, PA 18431 MEMBER

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. §1108(b).

Signature: *Thomas J. Reilly* Enter Current Date: 4/29/24

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.

**REILLY ASSOCIATES, Consulting Engineers**

49 South Main Street, Suite 200, Pittston, PA 18640

(570) 654-2473

(570) 654-6880 (Fax)

**LETTER OF TRANSMITTAL****TO:** City of Scranton

340 N. Washington Ave.

Scranton, PA 18503

Attn: City Clerk

**DATE:** May 1, 2024**RE:****We are transmitting the following to you:**☐ Shop Drawings☐ Specifications☒ Attached☐ Prints☐ Change Order☐ Under Separate Cover☐ Plans☐ Samples☐ Other

COPIES	DESCRIPTION
1	Commonwealth of Pennsylvania Signed Statement of Financial Interests for 2023

**THESE ARE TRANSMITTED as checked below:**☐ For Signature☐ For Review☒ For Your Use☐ For Review and Comment☐ FOR BIDS DUE \_\_\_\_\_☐ Approved As Submitted☐ Approved As Noted☐ Returned For Corrections☐ PRINTS RETURNED AFTER LOAN TO US☐ Resubmit \_\_\_ Copies For Approval☐ Submit \_\_\_ Copies For Distribution☐ Return \_\_\_ Corrected Prints**REMARKS:**

Fax

**SENT VIA:****RECEIVED**

APR 29 2024

☐ Overnight

First Class Mail

**SIGNED:** Thomas J. Reilly, Jr.OFFICE OF CITY  
COUNCIL/CITY CLERK

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