

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME <u>McAndrew</u>		FIRST NAME <u>Mark</u>		MI <u>J</u>	SUFFIX															
02 ADDRESS office (business or governmental) or home <u>1115 Saint Ann St</u>		City <u>Scranton</u>	State <u>Pa</u>	Zip Code <u>18604</u>	Area Code <u>(570)</u>	Phone <u>675-3415</u>														
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 checked="" type="checkbox"/> Public Official (Current)</td><td>D <input 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 checked="" type="checkbox"/> Public Official (Current)	D <input 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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B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)																		
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 <u>Scranton City Council</u>																				
B <u></u>																				
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 <u>City of Scranton</u> OFFICE OF CITY COUNCIL/CITY CLERK																				
B <u></u>																				
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <u>Teacher</u>			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <u>2023</u>																	
08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box <input type="checkbox"/>																				
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input type="checkbox"/>																				
Name: <u>Subaru Motor Finance</u> Address: <u>4141 Birney Ave</u> Interest Rate <u>6.34</u> <u>Moosic Pa 18607</u>																				
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment If NONE, check this box <input type="checkbox"/>																				
Name: Address: (OFFICIAL USE ONLY)																				
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box <input type="checkbox"/>																				
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 <input type="checkbox"/>																				
Source (Name and Address) Value																				
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input type="checkbox"/>																				
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)																				
<u>The CTC of Lackawanna Cty 3201 Rockwell Ave</u> <u>Scr</u>																				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input type="checkbox"/>																				
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)																				
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input type="checkbox"/>																				
Business (Name and Address) Interest Held Relationship Date Transferred																				
Transferee (Name and Address) <u>Geisner Montage Mt Moosic Pa</u> <u>Wife</u> <u>Anne Marie McAndrew</u>																				

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

Mark McAndrew

Enter Current Date

3/6/24THIS 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.