

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME										FIRST NAME										MI		SUFFIX					
Wechsler										Catherine										T.							
02 ADDRESS office (business or governmental) or home										City										State		Zip Code		Area Code		Phone	
315 Franklin Avenue										Scranton										PA		18503		(570) 963-6756			
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 <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																											
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 Scranton Tax Collector																											
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 City of Scranton																											
B																											
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR SEE INSTRUCTIONS																	
Tax Collector										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 <input checked="" type="checkbox"/>																											
None																											
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input type="checkbox"/>																											
Name: Mahela Address: 633 Spirit Drive Interest Rate: 8%																											
Chesterfield, MO 63005-1243																											
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: City of Scranton Address: 340 N. Washington Ave, Scranton (OFFICIAL USE ONLY)																											
Scranton School District 425 N. Washington Ave, Scranton																											
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box <input checked="" type="checkbox"/>																											
Source of Gift Value of Gift																											
NONE																											
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 checked="" type="checkbox"/>																											
Source (Name and Address) Value																											
NONE																											
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.)																											
Scranton Tomorrow 307 Linden St. Scranton 18503 Board of Directors																											
Dunmore Senior Center 1414 Monroe Ave Dunmore 18509																											
The ARC of NEPA 115 Meadow Ave. Scranton 18505																											
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input checked="" type="checkbox"/>																											
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)																											
None																											
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input checked="" type="checkbox"/>																											
Business (Name and Address) Relationship Date Transferred																											
Transferee (Name and Address) None																											

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

Catherine J. Wechsler

Enter Current Date

4/24/2024

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.