

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME	FIRST NAME	MI	SUFFIX
	G a t t e n s	R o b e r t		

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	528 Orchard St	Scranton	Pa	18505	570	561-7584

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	<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)		

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A seeking hold held

B seeking hold held

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, township, etc.)

A S c r a n t o n Z o n i n g A p p e a l s B o a r d

B S c r a n t o n R e c r a t i o n A u t h o r i t y

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

Retired

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

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500

Name: _____ Address: _____ Interest Rate If NONE, check this box

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment

Name: Sanofi Address: Mt Pocono Pa. (OFFICIAL USE ONLY) If NONE, check this box

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

Source of Gift _____ Value of Gift _____

Address of Source of Gift _____ Circumstances (including description) of Gift _____

If NONE, check this box

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE

Source (Name and Address) _____ Value _____

If NONE, check this box

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

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

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address) _____ Interest Held Relationship Date Transferred _____

Transferee (Name and Address) _____

If NONE, check this box

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MAY 03 2024

OFFICE OF CITY COUNCIL/CITY CLERK

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: Robert M. Tens Enter Current Date: 4/21/2024