

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0938

01 LAST NAME M C G U I G A N										FIRST NAME M A U R E E N										MI		SUFFIX			
02 ADDRESS office (business or governmental) or home 200 ADAMS AVE - APTS 2										City SCRANTON		State PA		Zip Code 18503		Area Code (570)		Phone 815-1280							
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.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																									
A BOARD MEMBER <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, township, etc.)																									
A SCRANTON PUBLIC AUTHORITY																									
B																									
06 OCCUPATION OR PROFESSION (This may be the same as block 4) BOARD MEMBER													07 YEAR SEE INSTRUCTIONS 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"/>																									
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 If NONE, check this box <input type="checkbox"/>																									
Name: ALLIANT CREDIT UNION - CHICAGO, IL Address: BANK OF AMERICA - CHARLOTTE NC WELLS FARGO - SAN FRANCISCO CA Interest Rate: 5.7% (alliant) 0% - Card																									
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 checked="" type="checkbox"/>																									
Name: Address: (OFFICIAL USE ONLY)																									
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																									
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) PACOUNCIL ON ARTS Value 35																									
PACOUNCIL ON ARTS 3500.00																									
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input checked="" type="checkbox"/>																									
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)																									
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR IF NONE, check this box <input checked="" 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 checked="" type="checkbox"/>																									
Business (Name and Address) Interest Held Relationship Date Transferred																									
Transferor (Name and Address) OFFICE OF CITY																									

The undersigned hereby affirms that the foregoing information is true and correct to the best of the undersigned's knowledge 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

Maura McGee

Enter Current Date

4-10-2024

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.