

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME T O R B A		FIRST NAME D E B O R A H		MI A	SUFFIX	
02 ADDRESS office (business or governmental) or home 2044 Cedar Ave		City Scranton	State PA	Zip Code 18505	Area Code (570)	Phone 6505396
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 type="checkbox"/> Public Official (Current) D <input checked="" 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) <input type="checkbox"/> Check this box if you are amending an original filing						
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 VICE PRESIDENT NUNMPB B EMPLOYEES REPRESENTATIVE COMPOSITE						
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) Vice President			07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 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 <input type="checkbox"/>
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: Address: FEB 15 2024						If NONE, check this box <input type="checkbox"/> Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK						If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:						If NONE, check this box <input checked="" type="checkbox"/> Value of Gift
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address):						If NONE, check this box <input checked="" type="checkbox"/> Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address): 340 N Washington Ave City of Scranton Scranton PA 18503						If NONE, check this box <input checked="" type="checkbox"/> Position Held (i.e., officer, director, employee, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address):						If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address): Transferee (Name and Address):						If NONE, check this box <input type="checkbox"/> Interest Held Relationship Date Transferred

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 Deborah A. White Enter Current Date 2-2-2024

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.