

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/24)

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0938

01 LAST NAME FIRST NAME MI SUFFIX

R E I L L Y T H O M A S J J R

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

49 S. MAIN ST. SUITE 200 PITTSTON PA 18640 (570) 654-2473

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 Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this box if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this box if you are amending an original filing

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

A C I T Y E N G I N E E R seeking hold 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, twp, etc.)

A C I T Y O F S C R A N T O N

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS

ENGINEER Information in blocks 6-15 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

09 CREDITORS TO WHOM IS OWED MORE THAN \$5,000 If NONE, check this box

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment If NONE, check this box

Name: REILLY ASSOCIATES Address: 49 S. MAIN ST. SUITE 200

REILLY BUILDING PITTSTON, PA 18640 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box

Source of Gift: Value of Gift:

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

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12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$850 IN THE AGGREGATE If NONE, check this box

Source (Name and Address): Value:

OFFICE OF CITY COUNCIL/CITY CLERK

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box

Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.):

REILLY ASSOCIATES 49 S. MAIN ST. SUITE 200 PITTSTON, PA 18640 PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box

Business (Name and Address): Interest Held (i.e., 5%, 10%, etc.):

NORTHEAST INFRASTRUCTURE 34 BROWN ST. HONESDALE, PA 18431 MEMBER

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box

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

Transferor (Name and Address):

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. §1108(b).

Signature: *Thomas J. Reilly* Enter Current Date: 4/29/24

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.

