

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME <div style="border: 1px solid black; padding: 2px;">S C O T T</div>	FIRST NAME <div style="border: 1px solid black; padding: 2px;">B R I A N</div>	MI <div style="border: 1px solid black; padding: 2px;">W</div>	SUFFIX <div style="border: 1px solid black; padding: 2px;"></div>
02	ADDRESS office (business or governmental) or home <div style="border: 1px solid black; padding: 2px;">340 N. Washington Ave</div>			
City: <div style="border: 1px solid black; padding: 2px;">Scranton</div> State: <div style="border: 1px solid black; padding: 2px;">PA</div> Zip Code: <div style="border: 1px solid black; padding: 2px;">18503</div> Area Code: <div style="border: 1px solid black; padding: 2px;">570</div> Phone: <div style="border: 1px solid black; padding: 2px;">499-3685</div>				
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. <div style="display: flex; justify-content: space-between;"><div>A <input type="checkbox"/> Candidate (including write-in) B <input type="checkbox"/> Nominee</div><div>C <input type="checkbox"/> Public Official (Current) C <input type="checkbox"/> Public Official (Former)</div><div>D <input checked="" type="checkbox"/> Public Employee (Current) D <input type="checkbox"/> Public Employee (Former)</div><div>E <input type="checkbox"/> Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div>			
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 <div style="border: 1px solid black; padding: 2px;">F I R E P E N S I O N B O A R D</div> B <div style="border: 1px solid black; padding: 2px;"></div>			
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 <div style="border: 1px solid black; padding: 2px;">C I T Y O F S C R A N T O N</div> B <div style="border: 1px solid black; padding: 2px;"></div>			
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <div style="border: 1px solid black; padding: 2px;">Fire fighter</div>		07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <div style="border: 1px solid black; padding: 2px;">2 0 2 3</div>	
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 Name: <div style="border: 1px solid black; padding: 2px;">Fidelity Bank</div> Address: <div style="border: 1px solid black; padding: 2px;">160 Green Ridge St Scranton PA 18509</div>		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: <div style="border: 1px solid black; padding: 2px;">City of Scranton BCCC</div> Address: <div style="border: 1px solid black; padding: 2px;">340 N. Washington Ave Scranton, PA</div>		If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)	
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift <div style="border: 1px solid black; padding: 2px;"></div> Address of Source of Gift <div style="border: 1px solid black; padding: 2px;"></div>		If NONE, check this box <input checked="" type="checkbox"/> Value of Gift <div style="border: 1px solid black; padding: 2px;"></div> Circumstances (including description) of Gift <div style="border: 1px solid black; padding: 2px;"></div>	
12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address) <div style="border: 1px solid black; padding: 2px;"></div>		If NONE, check this box <input checked="" type="checkbox"/> Value <div style="border: 1px solid black; padding: 2px;"></div>	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) <div style="border: 1px solid black; padding: 2px;">OFFICE OF CITY COUNCIL/CITY CLERK</div>		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) <div style="border: 1px solid black; padding: 2px;"></div>		If NONE, check this box <input checked="" type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) <div style="border: 1px solid black; padding: 2px;"></div> Transferee (Name and Address) <div style="border: 1px solid black; padding: 2px;"></div>		If NONE, check this box <input checked="" 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: 

Enter Current Date

3-20-24

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.