

# STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX

G I L M A R T I N K A T H E R I N E

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

1525 CAROUSE AVENUE SCRANTON PA 18505 (977) 439-1617

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check appropriate box or boxes; more than one box may be marked.

A  Candidate (including wife-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a selector  Check this box if you are amending an original filing

B  Nominee G  Public Official (Former) F  Public Employee (Former)

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Councilmember, full time, etc.)  seeking  held  held

A MEMBER AT LARGE  seeking  held  held

B SCHOOL BOARD DIRECTOR  seeking  held  held

05 GOVERNMENTAL BODY in which you hold an Office, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, town, commission, county, school district, twp, etc.)

A HISTORIC ARCHITECTURAL REVIEW BOARD

B SCRANTON SCHOOL DISTRICT

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

PARTNER NADA CO. 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

09 CREDITORS TO WHOM IS OWED MORE THAN \$5,500 IF NONE, check this box

Name CITICARD AT UNIVERSAL Address SIOUX FALLS, SD Interest Rate 22.74%

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 NADA CO Address 1440 CAROUSE AVE SCRANTON PA 18505 (OFFICIAL USE ONLY)

TRUCK STOP MECHANICS INC TRUCK STOP MECHANICS INC 1700

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

RECEIVED MAY 03 2024

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$500 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., chief executive, employee, etc.)

NADA CO 1440 CAROUSE AVENUE SCRANTON PA 18505 PARTNER

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

Business (Name and Address) Interest Held (i.e., 2%, 10%, etc.)

NADA CO 1440 CAROUSE AVENUE SCRANTON PA 18505 50%

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

Business (Name and Address) Transferor (Name and Address) 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 48 Pa.C.S. §4604 (subsections (a) through (c)) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1102(a).

Signature [Signature] Enter Current Date 5/1/2024

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.

**13 Office, Directorship, or Employment in any business**

Scranton Area Community Foundation  
615 Jefferson Ave., Ste. 102  
Scranton, PA 18510  
Treasurer