

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME		FIRST NAME										MI	SUFFIX
M A R I C H A K		A N D R E W										J	
02 ADDRESS office (business or governmental) or home		City		State		Zip Code		Area Code		Phone			
340 N WASHINGTON AVENUE		SCRANTON		PA		18503		570		348-4118			
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><input type="checkbox"/> A Candidate (including write-in) <input type="checkbox"/> B Nominee</div><div><input type="checkbox"/> C Public Official (Current) <input type="checkbox"/> C Public Official (Former)</div><div><input checked="" type="checkbox"/> D Public Employee (Current) <input type="checkbox"/> D Public Employee (Former)</div><div><input type="checkbox"/> E 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 F I N A N C E M A N A G E R													
<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, 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) <div style="font-size: 24pt; font-weight: bold;">FINANCE MANAGER</div>						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 checked="" type="checkbox"/>													
<div style="font-size: 48pt; opacity: 0.5;">RECEIVED</div> <div style="font-size: 24pt; font-weight: bold;">MAR 20 2024</div> <div style="font-size: 12pt; font-weight: bold;">OFFICE OF CITY COUNCIL/CITY CLERK</div>													
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500										If NONE, check this box <input checked="" type="checkbox"/>			
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 <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 checked="" type="checkbox"/>													
Source (Name and Address) _____ Value _____													
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 PROFIT 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 _____													
Transferee (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. §1109(b).

Signature Andrew Mark Enter Current Date 03/20/2024

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.