

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME GALLAGHER		FIRST NAME SEAN		MI 	SUFFIX 	
02 ADDRESS office (business or governmental) or home 1302 GRAM ST		City Scranton	State PA	Zip Code 18504	Area Code (570)	Phone 357 4957
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 type="checkbox"/> Public Employee (Current) E <input checked="" type="checkbox"/> Check this box if you are filing as a solicitor <input type="checkbox"/> Check this box if you are amending an original filing B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)						
04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input checked="" type="checkbox"/> hold A SOLICITOR <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input checked="" type="checkbox"/> hold B SOLICITOR						
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 LACKAWANNA COUNTY REGISTER OF WILLS B CITY OF SCRANTON CITY COUNCIL						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Atty/Solicitor			07 YEAR SEE INSTRUCTIONS 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 <input checked="" type="checkbox"/> KTBS Realty						
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 type="checkbox"/> Name: Gallagher Law Office Address: 416 Jefferson Ave Scranton PA 18504 see attached (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 RECEIVED Value of Gift _____ Address of Source of Gift _____ Circumstances (including description) of Gift _____ APR 19 2024						
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) OFFICE OF CITY COUNCIL/CITY CLERK Value _____						
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input type="checkbox"/> Business Entity (Name and Address) Gallagher Law Office PC 416 Jefferson Ave SCR PA 18504 Position Held (i.e., officer, director, employee, etc.) Partner						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT < If NONE, check this box <input type="checkbox"/> Business (Name and Address) Gallagher Law Office PC / KTBS Realty LLC Interest Held (i.e., 5%, 10%, etc.) 48/25						
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input type="checkbox"/> Business (Name and Address) _____ Transferee (Name and Address) _____ 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. §4004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____

Enter Current Date **4/15/24**

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.

STATEMENT OF FINANCIAL INTEREST ADDENDUM

05. Seeking Magisterial District Judge for Lackawanna County 45-1-05 (2023)

Solicitor for the Following Offices

- Lackawanna County Register of Wills and Clerk of Orphans' Court
- City of Scranton -City Council

10. -Gallagher Law Office P.C.-416 Jefferson Ave Scranton PA 18510

- Solicitor for Lackawanna County Register of Wills and Clerk of Orphans' Court
123 Wyoming Ave Scranton PA 18503
- Solicitor for City of Scranton City Council- 340 N. Washington Ave Scranton PA 18503
- KTBS Realty LLC-416 Jefferson Ave Scranton PA 18510

13. Gallagher Law Office PC

KTBS Realty LLC- 416 Jefferson Ave Scranton PA (member)

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GALLAGHER LAW OFFICES, P.C.

JEFFERSON PROFESSIONAL BUILDING

416 JEFFERSON AVENUE

SCRANTON, PA 18510

WWW.GALLAGHERLAWOFFICESPC.COM

TERRENCE V. GALLAGHER

CATHERINE A. GALLAGHER

SEAN E. GALLAGHER

TELEPHONE 570-347-9816

FACSIMILE 570-347-9826

GALLAGHERLAW@COMCAST.NET

April 15, 2024

City of Scranton
City Clerks Office
Attn: Frank Voldenburg
340 N. Washington Ave
Scranton PA 18503

Re: 2023 Statement of Financial Interes

Dear Frank:

I hope you and your family are well.

Enclosed please find a completed statement of financial interest form which I am required to file. If you have any questions or concerns please do not hesitate to contact my office.

Very truly yours,


Sean Gallagher, Esq

RECEIVED

APR 19 2024

OFFICE OF CITY
COUNCIL/CITY CLERK

