

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
O M A L L E Y B A R B A R A B

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
638 Wheeler Ave. Scranton PA 18510 (570) 313 0826

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 Check this box if you are amending an original filing
B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) seeking hold held
A S C R A N T O N M U N I C I P A L R E C R E A T I O N
B A U T H O R I T Y M E M B E R T R E A S U R E R

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 S C R A N T O N M U N I C I P A L R E C R E A T I O N
B A U T H O R I T Y

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
SMRA member/ECE Consultant 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

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: Address: Interest Rate: FEB 06 2024

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: Community Services for Children Address: Allentown, PA OFFICE OF PROFESSIONAL USE ONLY COUNCIL CLERK

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE 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 Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (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 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Barbara Malley Enter Current Date 2/6/24

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.