

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME <div>0 M A L L E Y</div>		FIRST NAME <div>B A R B A R A</div>		MI <div>B</div>	SUFFIX <div></div>
02 ADDRESS office (business or governmental) or home <div>638 Wheeler Ave. Scranton PA 18510</div>		City	State	Zip Code	Area Code Phone <div>(570) 313 0826</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. A <input type="checkbox"/> Candidate (including write-in) C <input checked="" type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this box if you are filing as a solicitor B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this box if you are amending an original filing					
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>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</div> → <div><input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held</div> B <div>A U T H O R I T Y M E M B E R T R E A S U R E R</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>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</div> B <div>A U T H O R I T Y</div>					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <div>SMRA member/ECE Consultant</div>		07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <div>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: Address: <div>RECEIVED FEB 06 2024</div> If NONE, check this box <input checked="" type="checkbox"/> 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: <div>Community Services for Children</div> Address: <div>Allentown, PA</div> OFFICE OF PROFESSIONAL USE ONLY COUNCIL CLERK					
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 <div></div> <div></div> 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 <div></div> <div></div>					
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 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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Barbara MalleyEnter 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.