

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX

M C D E R M O T T J A M E S P

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

1210 WOODHAWK ST. SCRANTON PA 18507 570 343-9597

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

B Nominee C Public Official (Former) D Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) seeking hold held

A ZORING HEALING BOARD MEMBER

seeking hold 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

B

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

Retired 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 \$6,500

Name: Address: Interest Rate

FEB 22 2024

RECEIVED

If NONE, check this box

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment

Name: Address: Value of Income

SOCIAL SECURITY STATE PENSION VA DISABILITY

OFFICE OF CITY COUNCIL/CITY CLERK

If NONE, check this box

(OFFICIAL USE ONLY)

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

If NONE, check this box

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE

Source (Name and Address) Value

If NONE, check this box

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

If NONE, check this box

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

If NONE, check this box

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

If NONE, check this box

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 John P. McDevitt Enter Current Date 2/22/2024

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.