

# STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX  
DE STEFANO GARN J

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
1036 Wheeler Ave Scranton Pa 18510 670 344-0944

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) B  Nominee  
C  Public Official (Current) D  Public Official (Former)  
E  Public Employee (Current) F  Public Employee (Former)  
G  Check this box if you are filing as a solicitor H  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 SCRANTON FIRE  seeking  hold  held  
B PENSION BOARDS  seeking  hold  held

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 CHAIR FIRE PENSION  
B VP COMPOSITE PENSION

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS  
Scranton Fire Fighter 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: Nissan Motor Accept Corp Associated Bank Address: Office of City Council/City Clerk Interest Rate: FEB 21 2024 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: City of Scranton Scranton Fire Iaff Local #60 Address: 340 N. Washington Ave 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: *Marie DeStefano* Enter Current Date: 2-12-24

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.