

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
BARRITT EUGENE P

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
231 Arthur Ave Scranton PA 18510 570 681-5330

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 MANOR ☐ seeking ☐ hold ☒ held

B EXECUTIVE DIRECTOR SCR SEWER ☐ 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 SCRANTON CITY

B SCRANTON SEWER AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Retired

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here:

2 0 2 4

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

If NONE, check this box ☐

Name: American Express
Wells Fargo

Address:

Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including but not limited to, from interest

If NONE, check this box ☒

Name:

Address:

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

If NONE, check this box ☒

Source of Gift

OFFICE OF CITY
COUNCIL/CITY CLERK

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

If NONE, check this box ☒

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

If NONE, check this box ☐

Business Entity (Name and Address)

Name: EP Barrett Community Center

Address:

PO Box 93 Scranton PA

Position Held (i.e., officer, director, employee, etc.)

Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

If NONE, check this box ☐

Business (Name and Address)

EP Barrett Community Center

PO Box 93 Scranton PA

Interest Held (i.e., 5%, 10%, etc.)

Officer

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

If NONE, check this box ☒

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

Enter Current Date

Aug 1, 2025

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.