

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ETHICS COMMISSION  
(717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME	FIRST NAME	MI	SUFFIX
	C U T I L L O	A N D R E W		

02	ADDRESS office (business or governmental) or home 340 N. Washington Ave.	City Scranton	State PA	Zip Code 18503	Area Code (570)	Phone 348-4105
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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.				<input type="checkbox"/> Check this box if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input checked="" 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)		

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"/> hold
A	D E P U T Y S O L I C I T O R			
		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> hold
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, township, etc.)
A	C I T Y O F S C R A N T O N
B	

06	OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney	07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 4
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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"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
	Name: Toyota Financial Services Department of Education	Address: PO Box 9490 Cedar Rapids, IA 52409 2.49% 400 Maryland Ave. SW Washington, DC 20002 4.66%

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: City of Scranton Address: 340 N. Washington Ave. Scranton, PA 18503	(OFFICIAL USE ONLY)

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
	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

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 Relationship Date Transferred
	Transferee (Name and Address)	

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: [Signature] Enter Current Date: 01/16/2025

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.