

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
Hayes Marticlarie

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
2430 N. Washington Ave. Scranton Pa 18509 (570) 498-7328

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 ☐ Check this box if you are amending an original filing
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held
A Law Department ☐ 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 City of Scranton
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Attorney Information in blocks 8-15 represents disclosure for the calendar year listed here: 2024

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: Address: 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 ☐
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box ☒
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 ☒
Source (Name and Address) Value
Circumstances (including description) of Gift

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☒
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 ☒
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☒
Business (Name and Address) 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 Marticlarie Hayes Enter Current Date 4/3/2025

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.

ADDENDUM TO STATEMENT OF FINANCIAL INTEREST
FOR YEAR ENDING WITH JANUARY 31, 2024

FOR: Mariclare Hayes
Attorney at City of Scranton Law Department

(09) CREDITORS

1. American Express
World Financial Center
200 Vesey Street, 50th Floor
New York, NY 10285
Account Type: Charge card
Interest rate: 20.49%

2. JP Morgan Chase
PO Box 15153
Wilmington, DE 19886
Account Type: Charge card
Interest rate: 15.99%

(10) Direct or Indirect Source of Income

1. Saiber, LLC
327 N. Washington Ave.
Scranton, PA 18503