

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01		LAST NAME										FIRST NAME										MI	SUFFIX								
		J o y c e										A d a m										P									
02		ADDRESS office (business or governmental) or home																				City		State		Zip Code		Area Code		Phone	
		340 N. Washington Ave																				Scranton		PA		18503		670		969-6642	
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.																													
		<div style="display: flex; justify-content: space-between;"><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>C <input type="checkbox"/> Public Official (Current)</div><div>D <input checked="" type="checkbox"/> Public Employee (Current)</div><div>E <input type="checkbox"/> Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div> <div style="display: flex; justify-content: space-between;"><div>B <input type="checkbox"/> Nominee</div><div>C <input type="checkbox"/> Public Official (Former)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div>																													
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"/> held																													
A		C i t y T r e a s u r e r																													
		<div style="text-align: right;"><input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held</div>																													
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		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)												07 YEAR SEE INSTRUCTIONS																			
City Treasurer												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 <input type="checkbox"/>									
09		CREDITORS TO WHOM IS OWED MORE THAN \$6,500																				If NONE, check this box <input type="checkbox"/>									
		Name: Mohela										Address: PO Box 790453 St. Louis MO, 63179										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 <input type="checkbox"/>									
		Name: Riverside School District										Address: 300 Davis Street Taylor PA, 18517										(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 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

Adam Joyce

Enter Current Date

4-29-2025

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.