

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX  
MANUEL CHRISTINA L.

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
218 New York St. Scranton PA 18509 (570) 878-5643

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 BOARD MEMBER  
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 SCRANTON REDEVELOPMENT  
B AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Director, United Neighborhood Centers

07 YEAR SEE INSTRUCTIONS  
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  
Name: Planet Home Lending - mortgage Address: Capital one - Car loan  
OFFICE OF CITY COUNCIL/CITY CLERK  
If NONE, check this box ☐ Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment  
Name: United Neighborhood Centers of NEPA Address: 425 Alder Street Scranton, PA 18509  
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

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 Christy M. Enter Current Date 1-8-2024

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.