

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
McAndrew Sean

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
821 N. Garfield Ave Scranton PA 18504 570 815-7682

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 Scranton City Council ☐ seeking ☒ hold ☐ held
B Scranton School Director

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 Scranton School District

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Pharmaceutical Customer Service Manager 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: Wayne Bank (car loan) Address: 717 Main St Hazleton, PA 18431 Interest Rate 5.74%
Bank of America Credit card PO Box 15019 Wilmington, DE 19850 27.74%

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: ComServe Systems Address: 201 Tigue St Dunmore PA 18512 (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
OFFICE OF CITY COUNCIL/CITY CLERK

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.)
Name: ComServe Systems Address: 201 Tigue St Dunmore PA 18512 Employee

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) 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 Sean McAndrew

Enter Current Date 3/10/2025

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

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| | | | | |
|----|-----------------|------------|----|--------|
| 01 | LAST NAME | FIRST NAME | MI | SUFFIX |
| | m c A n d r e w | S e a n | | |

| | | | | | | |
|----|---|----------|-------|----------|-----------|----------|
| 02 | ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone |
| | 821 N. Garfield Ave | Scranton | PA | 18504 | (570) | 815-7682 |

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| | | | | | |
|----|--|--|--|--|--|
| 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 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) | | |

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|----|--|----------------------------------|-------------------------------|-------------------------------|
| 04 | PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) | <input type="checkbox"/> seeking | <input type="checkbox"/> hold | <input type="checkbox"/> held |
| A | | <input type="checkbox"/> seeking | <input type="checkbox"/> hold | <input type="checkbox"/> 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 | C a r e e r T e c h n o l o g y C e n t e r o f |
| B | L a c k a w a n n a |

| | | |
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| 09 | CREDITORS TO WHOM IS OWED MORE THAN \$6,500 | If NONE, check this box <input type="checkbox"/> |
| | Name: Address: RECEIVED MAR 10 2025 | Interest Rate |

| | | |
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| | Source of Gift | Value of Gift |
| | Address of Source of Gift | Circumstances (including description) of Gift |

| | | |
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