

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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	City	State	Zip Code	Area Code	Phone
	340 N. Washington Avenue	Scranton	PA	18503	(570)	348-4100

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 checked="" 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"/> held
A	E X E C U T I V E D I R E C T O R				
			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input checked="" type="checkbox"/> held
B	D E P U T Y C I T Y S O L I C I T O R				

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	S C R A N T O N R E D E V E L O P M E N T A U T H ' Y	
B	C I T Y O F S C R A N T O N	

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
	Executive Director	Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 5

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"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
	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 <input type="checkbox"/>
	Name: City of Scranton - 340 N. Washington Ave, Scranton PA 18503	(OFFICIAL USE ONLY)
	Merrill Lynch, 1500 American Boulevard, Pennington, NJ 08534	

11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	If NONE, check this box <input 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 type="checkbox"/>
	Source (Name and Address)	Value

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input type="checkbox"/>
	Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)
	NEPA Youth Shelter (895 Providence Rd, Scranton); NeighborWorks NEPA (815 Smith St, Scranton); United Way of Lackawanna County (815 Jefferson Ave, Scranton)	Volunteer Board Member

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	If NONE, check this box <input 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
	Transferee (Name and Address)	Relationship
		Date Transferred

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: 4/21/26

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.

