

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
JEFFRIES MORRIS J

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
151 S. BISHOP AVE HRTM312 SECANE PA 19018 609 441-9810

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 SHADE TREE COMM ☐ seeking ☐ hold ☐ held
B SCRANTON MUNICIPAL REC AUT ☐ seeking ☐ hold ☐ held

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
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
RETIRED Information in blocks 8-15 represents disclosure for the calendar year listed here: 2025

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 \$5,500 Name: Address: Interest Rate
RECEIVED
APR 30 2026
OFFICE OF CITY COUNCIL/CITY CLERK

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Address: (OFFICIAL USE ONLY)
OFFICE OF CITY COUNCIL/CITY CLERK

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 of Transportation, Lodging, or Hospitality Value
Address

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 (sworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: Norma Jeffries

Enter Current Date: 4-29-26

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