

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01	LAST NAME Kearney	FIRST NAME Katherine	MI	SUFFIX			
02	ADDRESS office (business or governmental) or home 828 S Irving Ave Scranton PA 18505		City	State	Zip Code	Area Code	Phone
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 <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)		<input type="checkbox"/> Check this box if you are amending an original filing	
04	PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input checked="" type="checkbox"/> held						
A							
							<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B							
05	GOVERNMENTAL BODY In which you are/ware an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)						
A	HARB						
B							
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Program Manager			07 YEAR SEE INSTRUCTIONS 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 checked="" type="checkbox"/>
09	CREDITORS TO WHOM IS OWED MORE THAN \$8,500 Name Honda Address					If NONE, check this box <input type="checkbox"/> Interest Rate 3.99	
10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name Address					If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)	
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift Address of Source of Gift					If NONE, check this box <input type="checkbox"/> Value of Gift	
12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address)					If NONE, check this box <input type="checkbox"/> Value	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) Name Address					If NONE, check this box <input type="checkbox"/> Position Held (i.e., officer, director, employee, etc.)	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address)					If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address)					If NONE, check this box <input type="checkbox"/> Interest Held 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 Katherine Kearney

Enter Current Date

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