

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME										FIRST NAME										MI		SUFFIX					
m c k a y										h a a r y										v		j r					
02 ADDRESS office (business or governmental) or home										City										State		Zip Code		Area Code		Phone	
539 BOGART PL APT 205										SCRANTON										PA		18603		(415)		422.6749	
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.																											
<div style="display: flex; justify-content: space-between;"><div><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>B <input type="checkbox"/> Nominee</div></div><div><div>C <input checked="" type="checkbox"/> Public Official (Current)</div><div>C <input type="checkbox"/> Public Official (Former)</div></div><div><div>D <input type="checkbox"/> Public Employee (Current)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div><div><div>E <input type="checkbox"/> Check this box if you are filing as a solicitor</div><div><input type="checkbox"/> Check this box if you are amending an original filing</div></div></div>																											
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 MEMBER ETHICS BOARD <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 SCRANTON ETHICS BOARD																											
B																											
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR SEE INSTRUCTIONS																	
RETIRED SCHOOL ADMINISTRATOR										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 <input checked="" type="checkbox"/>																											
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500										If NONE, check this box <input type="checkbox"/>																	
Name: PENN EAST FCU										Address: 1070 NORTHERN BLVD										Interest Rate							
										CLARK'S SUMMIT PA 18411										5.99%							
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 checked="" type="checkbox"/>																	
Name:										(OFFICIAL USE ONLY)																	
										RECEIVED																	
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE										If NONE, check this box <input checked="" type="checkbox"/>																	
Source of Gift										Value of Gift																	
Address of Source of Gift										Office of City Council/City Clerk																	
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE										If NONE, check this box <input checked="" type="checkbox"/>																	
Source of Transportation, Lodging, or Hospitality										Value																	
Address																											
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS										If NONE, check this box <input checked="" type="checkbox"/>																	
Business Entity (Name and Address)										Position Held (i.e., officer, director, employee, etc.)																	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT										If NONE, check this box <input checked="" 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 checked="" 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

Harry V. McKay, Jr.

Enter Current Date

04.21.26

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

SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.