

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01	LAST NAME <u>Pikulski</u>	FIRST NAME <u>Haylee</u>	MI <u></u>	SUFFIX <u></u>										
02	ADDRESS office (business or governmental) or home <u>910 Marion St.</u> City <u>Scranton</u> State <u>PA</u> Zip Code <u>18509</u> Area Code <u>(570)</u> Phone <u>468-4643</u>													
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.													
<table style="width:100%;"> <tr> <td>A <input type="checkbox"/> Candidate (including write-in)</td> <td>C <input type="checkbox"/> Public Official (Current)</td> <td>D <input checked="" type="checkbox"/> Public Employee (Current)</td> <td>E <input type="checkbox"/> Check this box if you are filing as a solicitor.</td> <td><input type="checkbox"/> Check this box if you are amending an original filing</td> </tr> <tr> <td>B <input type="checkbox"/> Nominee</td> <td>C <input type="checkbox"/> Public Official (Former)</td> <td>D <input type="checkbox"/> Public Employee (Former)</td> <td></td> <td></td> </tr> </table>					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 type="checkbox"/> Check this box if you are filing as a solicitor.	<input type="checkbox"/> Check this box if you are amending an original filing	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 checked="" type="checkbox"/> hold <input type="checkbox"/> held													
A	<u>Human Resources Director</u>													
B	<u></u>													
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	<u>City of Scranton</u>													
B	<u></u>													
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <u>HR Director</u>		07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: <u>2025</u>											
08	REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision <u>N/A</u>		If NONE, check this box <input type="checkbox"/>											
09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: <u>BES Financial Systems</u> Address: <u>OFFICE OF CITY COUNCIL/CITY CLERK</u>		Interest Rate <u>7%</u>											
10	DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: <u>City of Scranton</u> Address: <u>340 N. Washington Ave Scranton, PA 18503</u>		If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)											
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift <u></u> Address of Source of Gift <u></u>		If NONE, check this box <input type="checkbox"/> Value of Gift <u></u> Circumstances (including description) of Gift <u></u>											
12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source of Transportation, Lodging, or Hospitality <u>Automobile</u> Address <u>Reading, PA, Hershey, PA + Eric, PA PML conferences</u>		If NONE, check this box <input type="checkbox"/> Value <u>2904.89</u>											
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) <u></u>		If NONE, check this box <input type="checkbox"/> Position Held (i.e., officer, director, employee, etc.) <u></u>											
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) <u></u>		If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.) <u></u>											
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) <u></u> Transferee (Name and Address) <u></u>		If NONE, check this box <input type="checkbox"/> Interest Held Relationship Date Transferred <u></u>											

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 Haylee Pikulski

Enter Current Date 4/27/2025

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.