

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

**RIGHT TO KNOW LAW REQUEST FORM**

NAME OF REQUESTER: Dominick Joseph J  
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 207 East Eighth Street  
STREET / P.O. BOX

WYOMING PA 18644  
CITY STATE ZIP CODE

PHONE # 570-237-0770 FAX# \_\_\_\_\_

EMAIL ADDRESS: JosephJDominick@gmail.com

SIGNATURE: *Joseph J. Dominick* DATE: 3/19/18

**RECORDS REQUESTED** - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

Michael Flynn - Wyoming Borough Councilman - 2017, 2016, 2015, 2014 Financial Ethics disclosure  
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**PLEASE CHECK ONE OF THE FOLLOWING:**

- I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
- I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)
- I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

**PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD**

LUZERNE COUNTY  
OFFICE OF LAW  
ROMILDA P. CROCAMO, ESQUIRE  
CHIEF COUNTY SOLICITOR



LUZERNE COUNTY  
COUNTY MANAGER  
C. DAVID PEDRI, ESQUIRE

COUNTY of LUZERNE  
P E N N S Y L V A N I A  
ESTABLISHED 1786

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March 22, 2018

Joseph Dominick  
207 East Eighth Street  
Wyoming, PA 18644  
Email: JosephJDominick@gmail.com  
RE: RTK Request # 18-57

Dear Mr. Dominick:

Thank you for writing to Luzerne County with your request for information pursuant to the Pennsylvania Right-To-Know law. My email is Jackie.Carroll@luzernecounty.org.

On March 20, 2018, the Luzerne County Office of Law received a request for documents from you described in the attached Right to Know request. Your request is granted.

Attached to this correspondence is the information you requested.

Had your request been denied, you would have a right to appeal this denial of information in writing to Office of Open Records, Commonwealth Keystone building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120.

If you choose to file an appeal for any reason, you must do so within 15 business days of the mailing date of the agency's response. Section 1101. If you have further questions, please contact me. Please be advised this correspondence will serve to close this request with our office as permitted by law.

Very truly yours,

JACQUELINE MUSTO CARROLL, ESQUIRE  
Luzerne County – Open Records Officer  
200 North River Street  
Wilkes-Barre, PA 18711

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	FLYNN	MICHAEL		

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	65 E First St	Wyoming	PA	18644	(570)	760-5704

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNCIL

seeking  hold  held

B

05 GOVERNMENTAL ENTITY 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 WYOMING BOROUGH

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) MANAGER

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2016

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SUNTRUST BANK Address: 303 Peachtree St  
ATLANTA GA 30308

Interest Rate: 2.49%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: McCarthy Tire Service Address: 340 K. J. J. St  
Wilkes Barre PA 18702

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

RECEIVED

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value of Gift

RECEIVED

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address:

Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

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. §1904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Signature] Enter Current Date 3/3/17

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