

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILSPENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME										FIRST NAME										MI		SUFFIX							
K E L L Y										P A U L										A		J R							
02 ADDRESS office (business or governmental) or home										City		State		Zip Code		Area Code		Phone											
201 LACKAWANNA AVENUE, Suite 306										SCRANTON		PA		18505		(570) 344-5059													
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 checked="" 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)																			
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 R E D E V E L O P M E N T A U T H O R I T Y																													
B R E C R E A T I O N A U T H O R I T Y																													
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 C I T Y O F S C R A N T O N																													
B C I T Y O F S C R A N T O N																													
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR SEE INSTRUCTIONS																			
Attorney										Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023																			
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																													
Name:										Address:										Interest Rate									
										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: Paul A. Kelly, Jr., Esq.										Address: 201 LACKAWANNA Ave. Ste 306										(OFFICIAL USE ONLY)									
										SCRANTON, PA 18503																			
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE																													
Source of Gift										Value of Gift										If NONE, check this box <input checked="" type="checkbox"/>									
Address of Source of Gift										Circumstances (including description) of Gift																			
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE																													
Source (Name and Address)										Value										If NONE, check this box <input checked="" type="checkbox"/>									
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 <input type="checkbox"/>									
Paul A. Kelly, Jr., Esq. (Sole Practice)																													
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 <input type="checkbox"/>									
Paul A. Kelly, Jr., Esq. (Sole Practice)																													
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER																													
Business (Name and Address)										Interest Held										Relationship									
Transferee (Name and Address)										Date Transferred										If NONE, check this box <input checked="" type="checkbox"/>									

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 Paul A. Kelly Jr.Enter Current Date 7/19/24THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.