

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME BOSLEY FIRST NAME J CONRAD MI SUFFIX

02 ADDRESS office (business or governmental) or home 13 LESLIE DR City SCRANTON State PA Zip Code 18507 Area Code (510) Phone 885 3154

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

B Nominee C Public Official (Former) D Public Employee (Former) Check this box if you are amending an original filing

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

A HISTORICAL ARCHITECTURAL REVIEW seeking hold held W BD

B seeking hold held

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 HISTORICAL ARCHITECTURAL REVIEW BD

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Real Estate Broker/Real Estate Appraiser 07 YEAR SEE INSTRUCTIONS 2023

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth an of its agencies, or a political subdivision RECEIVED (If NONE, check this box)

APR 22 2024

09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500

Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK Interest Rate: (If NONE, check this box)

10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment

Name: J. Conrad Bosley Appraisals Address: 13 Leslie Dr Scranton (OFFICIAL USE ONLY) (If NONE, check this box)

11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE

Source of Gift: Value of Gift: (If NONE, check this box)

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)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Business Entity (Name and Address): J. Conrad Bosley Appraisal Services Position Held (i.e., officer, director, employee, etc.): owner (If NONE, check this box)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT

Business (Name and Address): J. Conrad Bosley Appraisal Services Interest Held (i.e., 5%, 10%, etc.): 100% (If NONE, check this box)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER

Business (Name and Address): Interest Held Relationship Date Transferred:

Transferee (Name and Address):

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 78 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Signature] Enter Current Date 4/20/2024

THIS 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.