

STATEMENT OF FINANCIAL INTERESTS  
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME										FIRST NAME										MI		SUFFIX					
C A W L E Y										D Y L A N																	
02 ADDRESS office (business or governmental) or home										City										State		Zip Code		Area Code		Phone	
1511 JACKSON ST										SCRANTON										PA		18504		(570)		614-3792	
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 checked="" type="checkbox"/> Public Official (Current) D <input 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)																											
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 MEMBER <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 MUNICIPAL RECREATION AUTH																											
B																											
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR SEE INSTRUCTIONS																	
Research										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 <input checked="" type="checkbox"/> If NONE, check this box																											
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500										If NONE, check this box <input type="checkbox"/>																	
Name: DEPT OF EDUCATION										Address: 400 MARYLAND AVE SW WASHINGTON DC 20202																	
										Interest Rate: 7.650																	
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 type="checkbox"/>																	
Name: Geisinger										(OFFICIAL USE ONLY)																	
Address: 100 N ACADEMY AVE DANVILLE PA 17822																											
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										Circumstances (including description) of Gift																	
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE										If NONE, check this box <input checked="" type="checkbox"/>																	
Source (Name and Address)										Value																	
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 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 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Dylan Cawley

Enter Current Date

3/20/24

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.

## 09 Continued

SOFI

2750 E COTTONWOOD PARKWAY  
SUITE 300  
COTTONWOOD HEIGHTS, UT 84121

6.855%

ALLY

PO BOX 380901  
BLOOMINGTON, MN 55438

7.34%

## 10 Continued

FIORRELLIS CATERING

1561 MAIN ST  
PECKVILLE PA 18452

DYLAN CAWLEY CONT.