

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

01 LAST NAME FIRST NAME MI SUFFIX
BLANK DIANA L

02 ADDRESS, office (business or governmental) or home City State Zip Code Area Code Phone
415 W Market St Scranton Pa 18508 370 468-2337

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 SCRANTON Health and Welfare ☐ seeking ☐ hold ☐ 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 Health and Welfare
B

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

Analyst

07 YEAR SEE INSTRUCTIONS

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 ☒

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

If NONE, check this box ☒

Name:

Address:

Interest Rate

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

If NONE, check this box ☐

Name: Cigna Healthcare

Address: Liberty Place

Philadelphia, Pa

(OFFICIAL USE ONLY)

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

If NONE, check this box ☒

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 ☒

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS
Business Entity (Name and Address)

If NONE, check this box ☒
Position Held (i.e., officer, director, employee, etc.)

RECEIVED

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT
Business (Name and Address)

If NONE, check this box ☒
Interest Held (i.e., 5%, 10%, etc.)

APR 24 2024

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER
Business (Name and Address)

If NONE, check this box ☒

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

Signature

W. Blair

Enter Current Date

3/11/2024

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.