

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		
	BOSLEY	J CONRAD				
02	ADDRESS office (business or governmental) or home 13 LESLIE DR 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 <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	HISTORICAL ARCHITECTURAL REVIEW BOARD					
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	HISTORICAL ARCHITECTURAL REVIEW BOARD					
B						
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Real Estate Broker / Real Estate Appraiser			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, an agency, 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: OFFICE OF CITY COUNCIL/CITY CLERK			If NONE, check this box <input checked="" type="checkbox"/> Interest Rate		
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			If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)		
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:			If NONE, check this box <input checked="" type="checkbox"/> Value of Gift		
12	TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source (Name and Address):			If NONE, check this box <input checked="" type="checkbox"/> Value		
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address): J. Conrad Bosley Appraisal Services			If NONE, check this box <input type="checkbox"/> Position Held (i.e., officer, director, employee, etc.): owner		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address): J. Conrad Bosley Appraisal Services			If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.): 100%		
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address): Transferee (Name and Address):			If NONE, check this box <input checked="" type="checkbox"/> 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

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.