

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.) seeking hold held

A MEMBER 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 MUNICIPAL RECREATION AUTH

B

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

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: 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

Name: Geisinger Address: 100 ACADEMY AVE DANVILLE PA 17822 (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 If NONE, check this box

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

Business (Name and Address) _____ Interest Held (i.e., 5%, 10%, etc.) _____

OFFICE OF CITY COUNCIL/CITY CLERK

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box

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

Transferee (Name and Address) _____

RECEIVED
APR 29 2024

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.