

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		570		468-2327	
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 type="checkbox"/> hold <input checked="" 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 HEALTH AND WELFARE AUTH																											
B																											
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR SEE INSTRUCTIONS																	
Analyst										Information in blocks 8-15 represents disclosure for the calendar year listed here: 2024																	
08 REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, 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: MAY - 2 2025 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 <input checked="" type="checkbox"/>																											
Name: Address: (OFFICIAL USE ONLY)																											
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE																											
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																											
Source (Name and Address) Value																											
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS																											
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)																											
Cigna Healthcare (Employee) Liberty Place Philadelphia Pa 19192																											
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT																											
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)																											
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 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature Dina Blair Enter Current Date _____

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.