

STATEMENT OF FINANCIAL INTERESTS
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0935

01	LAST NAME	FIRST NAME	MI	SUFFIX
	H U M E	R O S A L I N D	S	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	738 TAYLOR AVENUE	SCRANTON	PA	18510	(570)	5079083

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.		<input type="checkbox"/> Check this box if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)
	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	C O M M I S S I O N E R	<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	S C R A N T O N C I T Y C I V I L S E R V I C E C O
B	

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
	RETIRED	Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 2 4

08	REAL ESTATE INTERESTS involved in transactions with the Commonwealth, any of its agencies, or a political subdivision	If NONE, check this box <input type="checkbox"/>
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09	CREDITORS TO WHOM IS OWED MORE THAN \$6,500	If NONE, check this box <input type="checkbox"/>
	Name: Address: RECEIVED	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 type="checkbox"/>
	Name: Address: OFFICE OF CITY COUNCIL/CITY CLERK	(OFFICIAL USE ONLY)

11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE	If NONE, check this box <input 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 type="checkbox"/>
	Source (Name and Address)	Value

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS	If NONE, check this box <input 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 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 type="checkbox"/>
	Business (Name and Address)	Interest Held
	Transferee (Name and Address)	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: [Signature] Enter Current Date: 03/07/2025

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.