

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTSPENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME	FIRST NAME	MI	SUFFIX
	BLANK	DIANA		
02	ADDRESS office (business or governmental) or home 415 W Market St Scranton Pa 18508-8704 468-0327			
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
	B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	<input type="checkbox"/> Check this box if you are amending an original filing
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	MEMBER			
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 AREA HEALTH WELFARE AUTH			
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: 2025	
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 If NONE, check this box <input checked="" type="checkbox"/>			
	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 <input type="checkbox"/>			
	Name: Cigna Healthcare	Address: 200 Liberty Place Philadelphia Pa 19192	(OFFICIAL USE ONLY)	
11	GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE If NONE, check this box <input checked="" 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 checked="" type="checkbox"/>			
	Source of Transportation, Lodging, or Hospitality	Value		
	Address			
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input checked="" type="checkbox"/>			
	Business Entity (Name and Address)			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box <input checked="" type="checkbox"/>			
	Business (Name and Address)			
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box <input checked="" type="checkbox"/>			
	Business (Name and Address)			
	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

Diana Blank

Enter Current Date

4/15/2026

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE INCLUDING SIGNATURE OR DATE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SIGN THE FORM USING CURRENT DATE. DO NOT BACK DATE SIGNATURE.