

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME										FIRST NAME										MI		SUFFIX			
COHEN										JULIE															
02 ADDRESS office (business or governmental) or home										City					State		Zip Code			Area Code			Phone		
835 Taylor Ave										Scranton					PA		18510			(570) 862-6604					
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 COMMISSIONER																									
<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 HOUSING AUTHORITY																									
B																									
06 OCCUPATION OR PROFESSION (This may be the same as block 4)															07 YEAR SEE INSTRUCTIONS										
COMMISSIONER															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 checked="" type="checkbox"/>																									
Name:										Address:										(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																									
Address of Source 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																									
Address																									
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box <input checked="" type="checkbox"/>																									
Business Entity (Name and Address)																									
UNIVERSITY OF SCRANTON 800 LINCOLN ST SCRANTON PA 18510																									
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)																									
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

April 6, 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.