

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

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	404	9902118

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 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 checked="" 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 M E M B 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 V I L S E R V I C E C O M M I S S																													
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 5														

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: Australian Federal Government Address: Canberra, Australia																									(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 Business Entity (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/>				
Position Held (i.e., officer, director, employee, etc.)																													

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/>				
Interest Held (i.e., 5%, 10%, etc.)																													

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)																									If NONE, check this box <input checked="" type="checkbox"/>				
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 04/29/2026

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.