

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME K E L L Y		FIRST NAME P A V L		MI A	SUFFIX J R
02 ADDRESS office (business or governmental) or home 201 Lackawanna Ave, Ste 306, Scranton PA 18503 (570) 344-5059					
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 type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current) E <input checked="" 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 SOLICITOR <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 RECREATION AUTHORITY B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney		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 Name: Address: FEB - 9 2026 Interest Rate If NONE, check this box <input checked="" type="checkbox"/>					
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) <input type="checkbox"/> If NONE, check this box <input type="checkbox"/> Name: Paul A. Kelly, Jr., Esquire Address: 201 Lackawanna Ave, Ste 306, Scranton, PA 18503 (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 If NONE, check this box <input checked="" type="checkbox"/>					
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source of Transportation, Lodging, or Hospitality Value Address If NONE, check this box <input checked="" type="checkbox"/>					
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.) See Box 10 If NONE, check this box <input type="checkbox"/>					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.) See Box 10 If NONE, check this box <input type="checkbox"/>					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address) Relationship Date Transferred If NONE, check this box <input checked="" type="checkbox"/>					

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

Paul A. Kelly, Jr.

Enter Current Date 2/5/26

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.