

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME K e n n e d y		FIRST NAME J o h n		MI F	SUFFIX	
02 ADDRESS office (business or governmental) or home 829 N. Irving Ave.		City Scranton	State PA	Zip Code 18510	Area Code 670	Phone 575-7744
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)						
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 S o l i c i t o r						
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) Attorney			07 YEAR SEE INSTRUCTIONS 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 Owner 829 N. Irving Ave Scranton PA 18510 (residence)						If NONE, check this box <input type="checkbox"/>
09 CREDITORS TO WHOM IS OWED MORE THAN \$6,500 Name: None Address:						If NONE, check this box <input checked="" type="checkbox"/> Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment Name: Elias Mickle Kennedy Address: 321 Biden St Scranton 18503 City of Scranton - Solicitor Civil Service 340 N. Washington Ave Scranton 18503						If NONE, check this box <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE Source of Gift Address of Source of Gift Circumstances (including description) of Gift						If NONE, check this box <input checked="" type="checkbox"/> Value of Gift
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE Source of Transportation, Lodging, or Hospitality Address						If NONE, check this box <input checked="" type="checkbox"/> Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) Elias Mickle Kennedy Suite 607 321 Biden Street Scranton PA 18503						If NONE, check this box <input type="checkbox"/> Position Held (i.e., officer, director, employee, etc.) Partner
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Business (Name and Address) Elias Mickle Kennedy Suite 607 321 Biden Street Scranton PA 18503						If NONE, check this box <input type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.) 25 %
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address)						If NONE, check this box <input checked="" type="checkbox"/> 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

2/23/2026

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.