

PENNSYLVANIA STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME										FIRST NAME										MI		SUFFIX	
O B R I E N										C O N O R													

02 ADDRESS office (business or governmental) or home																														City										State					Zip Code					Area Code					Phone				
816 WHEELER AVE																														SCRANTON										PA					18510					570					614-9274				

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 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)																			

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)																														<input type="checkbox"/> seeking										<input type="checkbox"/> hold										<input type="checkbox"/> held									
A																																																											
																														<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 l i b r a r y A U T H O R I T Y B O A R D M E M B E R																													
B																													

06 OCCUPATION OR PROFESSION (This may be the same as block 4)																				07 YEAR SEE INSTRUCTIONS									
Scranton Fringe, director + Marywood University, faculty																				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: Marywood University Address: 2300 Adams Ave, Scranton PA																									(OFFICIAL USE ONLY)				
Scranton Fringe PO Box 1235, Scranton PA																													

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 type="checkbox"/>				
Business Entity (Name and Address)																									Position Held (i.e., officer, director, employee, etc.)				
Scranton Fringe, director, PO Box 1235, Scranton PA 18501																									Director				

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

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER																									If NONE, check this box <input checked="" type="checkbox"/>				
Business (Name and Address)																									Interest Held				
Transferee (Name and Address)																									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 [Signature]Enter Current Date 4/28/26

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.