

PENNSYLVANIA STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME										FIRST NAME										MI		SUFFIX																							
O I E S K I										T H O M A S										D																									
02 ADDRESS office (business or governmental) or home										City					State		Zip Code			Area Code			Phone																						
340 N WASHINGTON AVE										Scranton					PA		18503			570,348-4169																									
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 type="checkbox"/> hold <input type="checkbox"/> held																																													
A Director Code Enforcement <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																																													
B																																													
06 OCCUPATION OR PROFESSION (This may be the same as block 4)														07 YEAR SEE INSTRUCTIONS																															
Director Code Enforcement														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: Landmark														Address: 1523 Keyser Ave Scr PA														If NONE, check this box <input type="checkbox"/>																	
																												Interest Rate 196																	
10 DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment																																													
Name: APR 29 2026 Address: If NONE, check this box <input checked="" type="checkbox"/>																																													
(OFFICIAL USE ONLY)																																													
11 GIFTS VALUED AT \$250 OR MORE IN THE YEAR OF CITY																																													
Source of Gift														Value of Gift																															
COUNCIL/CITY CLERK																																													
Address of Source of Gift														Circumstances (including description) of Gift																															
12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE																																													
Source of Transportation, Lodging, or Hospitality														Value																															
City of Scranton 340 N Washington Ave																																													
Address																																													
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS																																													
Business Entity (Name and Address)														If NONE, check this box <input 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

Thomas D. Olski

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.