COMMONWEALTH OF PENNSYLVANIA
STATE ETHICS COMMISSION
P.O. BOX 11470
ROOM 309 FINANCE BUILDING
HARRISBURG, PA 17108-1470
(717) 783-1610 or Toll Free 1-800-932-0936
www.ethics.state.pa.us

STATEMENT OF FINANCIAL INTERESTS

THIS FORM MUST BE COMPLETED AND FILED BY:

A Candidate - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not resign nomination/election within 30 days of official certification of same.

B Nominee - Persons nominated for public office by the Governor, other public officials or governmental body subject to confirmation.

C Public Official - Persons serving as current state/county/local public officials (elected or appointed) and persons who served as public officials during the reporting year (former public officials), including members of boards or commissions (including those serving as alternates/designees), except those that are purely advisory.

D Public Employee - Persons serving as current state/county/local public employees as defined in the Ethics Act or persons who served as public employees during the reporting year (former public employees) as defined in the Ethics Act or the regulations of the State Ethics Commission.

A former public official or former public employee must file the year after termination of service with the governmental body.

Instructions ..... Page 2

Form ..... Page 3

Filing Location Chart ..... Page 4

IMPORTANT: Please read all instructions carefully prior to completion of form. Also, **review the filing chart (Page 4) for proper filing location.** Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free 1-800-932-0936, or online at www.ethics.state.pa.us.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, Act 93 of 1998, Chapter 11, 65 Pa C.S. §1101, et seq.

This form is considered deficient if all blocks are not completed, or signature is missing.

CAUTION: Reporting thresholds have changed in some areas of this form as of 1/1/98 AND 1/1/07. In addition, the form itself has been revised as of 2007. **DO NOT USE FORMS PRINTED PRIOR TO YEAR 2007 (Rev. 01/07) TO COMPLETE FILING REQUIREMENT IN 2007 (FOR CALENDAR YEAR 2006) OR ANY SUBSEQUENT YEARS.**

STATEMENT OF FINANCIAL INTERESTS INSTRUCTIONS

Please print neatly in capital letters. If you require more space than has been provided, please attach an 8 1/2" x 11" piece of paper to the form. Items 01 through 06 are for current information.

Block 1 Please fill in your last name, first name, middle initial and suffix (if applicable) in the boxes provided. Public office candidates should use the exact name used on official nomination petition or papers.

Block 2 List your work or residence address, daytime phone number and **county** of residence in the space provided.

Block 3 Please check the block or blocks to indicate your status. See definitions on page 1. If you are correcting a prior filing, please check the block designating an amended form.

Block 4 Please check the appropriate block (seeking, hold, held) for each position you list in the blocks below. List all of the public position(s) which you are seeking, currently hold or have held in the **prior** calendar year. Please be sure to include job titles and official titles such as "member" or "commissioner" (even if serving as alternate/designee).

Block 5 Please fill in the political subdivision of the position(s) you are seeking, hold or have held. Please complete this block with the name of the township, borough, board, commission, agency, authority, etc. in which you are seeking, currently hold or have held a public position(s) in the **prior** calendar year. Please be sure to list **all** applicable political subdivision(s) for public position(s) listed above.

Block 6 Please list your current occupation or profession. This information may have already been stated in block 4.

Block 7 **List the prior calendar year for which you are filing this form. All information provided in blocks 08 through 15 pertain to the calendar year designated in block 07.**

Block 8 REAL ESTATE INTERESTS: This block contains the address of any property which was involved in transactions (leasing, purchasing, or condemnation proceedings of real estate interests) with the Commonwealth or any other governmental body. If you have no properties which have been involved in transactions with the Commonwealth or any other governmental body, then check "NONE".

Block 9 CREDITORS: This block contains the name and address of any creditor and the interest rate of any debt over $6,500. Do not report a mortgage or equity loan on your home (or secondary home), or loans or credit between you and your spouse, child, parent or sibling. Car loans, credit cards, personal loans and lines of credit must be listed on the form if the balance owed was in excess of $6500 at anytime during the calendar year. If you do not have any reportable debt, then check "NONE".

Block 10 DIRECT OR INDIRECT SOURCES OF INCOME: This block contains the name and address of each source of $1,300 or more of gross income. List the name and address of all employers (including governmental bodies). Also, include the source name and address, not the dollar amount, of any payment, fee, salary, expense, allowance, forbearance, forgiveness, interest income, dividend, royalty, rental income, capital gain, reward, severance payment, prize winning, and tax exempt income. DO NOT INCLUDE: gifts; governmentally mandated payments; or retirement, pension or annuity payments funded totally by your own contributions. If you did not receive any reportable income then check "NONE".

Block 11 GIFTS: For each source, provide the name and address of the source and the circumstances and value of any gift(s) received valued at $250 or more in the aggregate. Do not report political contributions otherwise reported as required by law, gift(s) from friends or family members (although the term friend does not include a registered lobbyist or employee of a registered lobbyist), or any commercially reasonable loan made in the ordinary course of business. If you did not receive any reportable gift, then check "NONE".

Block 12 TRANSPORTATION, LODGING, OR HOSPITALITY EXPENSES: **NOTE: Per amendments to the Ethics Act effective 1/1/07, the threshold for disclosure in Block 12 has changed. For forms due to be filed in 2007 or thereafter, the following instructions apply.** List the name and address of each source and the amount of each payment/reimbursement by the source for transportation, lodging or hospitality that you received in connection with your public position if the aggregate amount of such payments/reimbursements by the source exceeds $650 for the calendar year for which you are reporting. Do not report reimbursements made by a governmental body or by an organization/association of public officials/employees of political subdivisions that you serve in an official capacity. If you do not have any reportable expense payments/reimbursements, then check "NONE".

Block 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ENTITY: List any office that you hold (for example, President, Vice President, Secretary, Treasurer), any directorship that you hold (through service on a governing board such as a board of directors), and any employment that you have in any capacity whatsoever, as to any business entity. This block focuses solely on your status as an officer, director or employee, regardless of income.

Block 14 FINANCIAL INTERESTS: List the name and address and position held in any business for profit of which you own more than 5% of the equity or more than 5% of the assets of economic interest in indebtedness. If you do not have any such financial interest to report, then check "NONE".

Block 15 TRANSFERRED BUSINESS INTERESTS: List the name and address of any business as to which you transferred a financial interest (as defined in Item 14) to a member of your immediate family (parent, spouse, child, brother or sister), as well as the interest held, relationship to the individual, and date of transfer. If you did not transfer any such business interest, then check "NONE".

Please sign the form and enter the current date.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/07

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 **LAST NAME** | **FIRST NAME** | **MI** | **SUFFIX**

02 **STREET ADDRESS** (work or residence) | City | State | Zip Code | Area Code | Phone

COUNTY OF RESIDENCE

03 **STATUS** Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☐ Public Employee (Current)

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ **Check this block if you are amending an original filing**

04 **PUBLIC POSITION OR PUBLIC OFFICE** (member, Commissioner, job title, etc.) you are ☐ **seeking** ☐ **hold** ☐ **held**

A

☐ **seeking** ☐ **hold** ☐ **held**

B

05 **POLITICAL SUBDIVISION/AGENCY** in which you are/were an Official or Employee, or are a candidate or nominee **(Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)**

A ERIE COUNTY TECHNICAL SCHOOL

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

07 **YEAR** The information below represents financial interests for the **PRIOR** year.

2006

08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.** ☐

09 **CREDITORS** (See instructions on page 2). **If NONE, check this box.** ☐

Creditor | Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** (Including, but not limited to **employment**. See instructions on pg. 2) **If NONE, check this box.** ☐

Name | Address

(OFFICIAL USE ONLY)

11 **GIFTS** (See instructions on page 2) **If NONE, check this box.** ☐

Source of Gift | Value of Gift

Address of Source of Gift | Reason for Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) **If NONE, check this box.** ☐

Source (Name and Address) | Value

13 **OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS** (See instructions on page 2) **If NONE, check this box.** ☐

Business Entity | Position Held

14 **FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instructions on page 2) **If NONE, check this box.** ☐

Name and Address of Business | Interest Held

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instructions on page 2) **If NONE, check this box.** ☐

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Date _____

THIS FORM IS CONSIDERED DEFICIENT IF ALL BLOCKS ABOVE ARE NOT COMPLETED.

LOCAL OFFICE CANDIDATES AND LOCAL ELECTED OFFICIALS: LIST THE COUNTY WHERE YOU FILE(D) YOUR NOMINATION PETITIONS, NOMINATION PAPERS OR NOMINATION CERTIFICATE.

STATEWIDE, STATE SENATE AND HOUSE CANDIDATES, PUBLIC EMPLOYEES, APPOINTED OFFICIALS AND GUBERNATORIAL NOMINEES: LIST THE COUNTY WHERE YOU RESIDE.

WHO MUST FILE	ORIGINAL WHITE COPY	YELLOW COPY	WHEN TO FILE
A. STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court } non-incumbents only	**State Ethics Commission** P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17120-1470	Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029	ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION
Constables / Deputy Constables	**State Ethics Commission**	Append to nomination petition when filed with County Board of Elections	
Countywide City Borough Township Municipality (home rule charter)	File with the Clerk/ Secretary in the Municipality in which you are a candidate		
Magisterial District Judges	File with the County in the district in which you are a candidate		
School Director	File in the School District where you are a candidate		
Announced Write-in	For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision.	This copy is not required to be filed.	Within 30 days of official certification of having been nominated or elected unless such person resigns.
Unannounced Write-in Winners of Nominations			
Unannounced Write-in Winners of Elections			
B. STATUS BLOCK B - NOMINEE State Level	**State Ethics Commission**	File with the Official or Body vested with the power of confirmation	10 days before official or body approved or rejects the nomination.
County/Local Level	Governing authority for political subdivision		
C. STATUS BLOCK C - PUBLIC OFFICIAL Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices.	**State Ethics Commission** P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17120-1470	File with **each** Agency, Board, Commission, Department, or Government Body in which employed or appointed to. (make additional copies if needed)	FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION.
State House Member **State Senate Member**		File with the House Chief Clerk or Senate Secretary (whichever applies)	
Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Solicitors **(Incumbent Judges, District Justices do not file)**	File only with the governing authority of the respective local political subdivision	Yellow copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required)	
Constables / Deputy Constables	**State Ethics Commission**	This copy is not required to be filed	
D. STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer		
County City Borough Township Municipal (home rule) Municipal Authority School District } EMPLOYEE	File only in your Political Subdivision		