Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S ELIBRARY AT HTTP://WWW.ETHICSRULINGS.STATE.PA.US. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

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THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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

E: Solicitors - Persons elected or appointed to the office of solicitor for policital subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

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

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Terri

Last Name * (?) Birchard

Middle Initial L

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
8500 Oliver Road
Address Line 2
City
Erie
State / Province / Region
PA
Postal / Zip Code
16509
Country

Telephone * (?) 814-464-8662
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Erie County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Erie County Technical School

Position * (?) Business Manager/JOC Secretary

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) CPA/Business Manager

07 Year

Year * (?) 2020
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Erie County Technical School

Address * (?)

Street Address
8500 Oliver Road
Address Line 2
City
Erie
State / Province / Region
PA
Postal / Zip Code
16509
Country

Name * (?) Ameriprise Financial Services

Address * (?)

Street Address
c/o Rebich Investments
Address Line 2
West Plum Street
City
Edinboro
State / Province / Region
PA
Postal / Zip Code
16412
Country

Name * (?) Terri L. Birchard, CPA

Address * (?)

Street Address
13190 Fox Hollow Drive
Address Line 2
City
Edinboro
State / Province / Region
PA
Postal / Zip Code
16412
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Terri L. Birchard, CPA

Address * (?)

Street Address
13190 Fox Hollow Drive
Address Line 2
City
Edinboro
State / Province / Region
PA
Postal / Zip Code
16412
Country

Position Held * (?) Self employed - tax and consulting

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Terri L. Birchard, CPA

Address * (?)

Street Address
13190 Fox Hollow Drive
Address Line 2
City
Edinboro
State / Province / Region
PA
Postal / Zip Code
16412
Country

Interest Held * (?) 100

Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:	I am a CPA and still prepare tax returns and provide consulting services upon request. This is being reflected in the business section of this filing.

Confirmation *

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).

☑ I Confirm

Signature * (?)	**Date**
Terri L. Birchard	**2021-03-10**

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