COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/04

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 here if this is an amended form**

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

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.

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.** ☐ (OFFICIAL USE ONLY)
Name | Address

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 persons 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.