

# NOMINATION PAPERS FOR OFFICE OF GOVERNMENT STUDY COMMISSIONER

## I. PRIOR TO CIRCULATION (OBTAINING YOUR SIGNATURES)

ALL BLANK SPACES ON THE TOP OF THE FIRST PAGE OF THE NOMINATION PAPER MUST BE COMPLETED BEFORE SIGNATURES ARE OBTAINED. TYPE OR PRINT THE NAME OF THE CANDIDATE ON THE NOMINATION PAPER **EXACTLY AS THE CANDIDATE WANTS IT TO APPEAR ON THE BALLOT**. GIVEN NAMES MUST BE USED. BOTH THE PLACE OF RESIDENCE AND THE POST OFFICE ADDRESS OF THE CANDIDATE MUST BE GIVEN.

NO NOMINATION PAPER CAN BE CIRCULATED PRIOR TO FEBRUARY 19, 2013 OR AFTER MARCH 12, 2013.

## II. SIGNERS

- A. A MINIMUM OF 112 SIGNATURES ARE REQUIRED. IT IS RECOMMENDED THAT YOU OBTAIN MORE SIGNATURES THAN THE MINIMUM.
- B. NO SIGNER MAY SIGN NOMINATION PAPERS FOR MORE THAN NINE (9) CANDIDATES FOR THE OFFICE OF GOVERNMENT STUDY COMMISSIONER.
- C. EACH SIGNER OF A NOMINATION PAPER MUST BE A REGISTERED ELECTOR OF THE BOROUGH OF CARLISLE.
- D. EACH SIGNER MUST PERSONALLY SIGN AND INSERT THEIR OWN INFORMATION ON THE NOMINATION PAPER AND INSERT THE DATE OF SIGNING.

## III. AFFIDAVITS

- A. THE **AFFIDAVIT OF CIRCULATOR** ON PAGE 7 OF THE NOMINATION PAPER MUST BE SIGNED BY THE CIRCULATOR AND NOTARIZED **AFTER** OBTAINING THE REQUIRED SIGNATURES. IT MUST BE SIGNED IN THE PRESENCE OF A PERSON AUTHORIZED TO NOTARIZE THE AFFIDAVIT.
- B. THE **CANDIDATE'S AFFIDAVIT** AND THE **WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT** ON PAGE 7 OF THE NOMINATION PAPER MUST BE SIGNED BY THE CANDIDATE AND NOTARIZED. THEY MUST BE SIGNED IN THE PRESENCE OF A PERSON AUTHORIZED TO NOTARIZE THE AFFIDAVITS.
- C. EACH NOTARIZATION MUST INCLUDE THE NOTARY'S OFFICIAL INKED STAMP.

## IV. STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTEREST

TWO COPIES OF THE STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTEREST FORM MUST BE COMPLETED BY THE CANDIDATE.

## V. FILING

**ALL NOMINATION PAPERS MUST BE FILED IN THE OFFICE OF THE CUMBERLAND COUNTY BUREAU OF ELECTIONS, 310 ALLEN ROAD, SUITE 101, CARLISLE PENNSYLVANIA NO LATER THAN 4:30 P.M. ON MARCH 12, 2013 . ONE COPY OF THE COMPLETED STATEMENT OF FINANCIAL INTEREST FORM MUST BE FILED WITH SECRETARY OF THE BOROUGH OF CARLISLE, 53 WEST SOUTH STREET, CARLISLE, NO LATER THEN 4:30 P.M. ON MARCH 12, 2013, WITH THE OTHER COMPLETED FORM BEING ATTACHED TO THE NOMINATION PAPER FILED WITH THE BUREAU OF ELECTIONS.**

**NOMINATION PAPER – OFFICE OF GOVERNMENT STUDY COMMISSIONER**  
**To have name of Candidate Printed upon the Official Ballot**  
**For the 2013 Municipal Primary Election**

We, the undersigned, all of whom are qualified electors of Cumberland County and the Borough of Carlisle and are legally qualified to vote for the candidate identified below, hereby nominate the below candidate and request that the County Board of Elections of Cumberland County

have the name of \_\_\_\_\_ whose place of residence is  
 (Typewrite, print or write plainly the above name as you wish it to appear on the official ballot)

\_\_\_\_\_ and post office address is \_\_\_\_\_

and whose Profession, Business or Occupation is \_\_\_\_\_, printed on the Official Ballot for the Municipal Primary for the year 2013, as a candidate for the Office of Government Study Commissioner. We understand that we may not sign nomination papers for more than nine (9) candidates for the Office of Government Study Commissioner.

---



---

**SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS**

---



---

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				
61.				

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				
76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
85.				
86.				
87.				
88.				
89.				
90.				
91.				
92.				
93.				
94.				
95.				
96.				
97.				
98.				
99.				
100.				
101.				
102.				
103.				
104.				
105.				
106.				
107.				

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE (HOUSE NO. / STREET OR ROAD / CITY, BOROUGH OR TOWNSHIP)	POST OFFICE ADDRESS	DATE OF SIGNING
108.				
109.				
110.				
111.				
112.				
113.				
114.				
115.				
116.				
117.				
118.				
119.				
120.				
121.				
122.				
123.				
124.				
125.				
126.				
127.				
128.				
129.				
130.				

**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA)
: SS.
COUNTY OF CUMBERLAND )

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that he or she is a qualified elector duly registered in the Borough of Carlisle; that his or her residence is as set forth below; that the signers of the foregoing nomination paper signed the same with full knowledge of the contents thereof; that his or her respective residences and post office addresses are correctly stated therein; that they all reside in the Borough of Carlisle; that each signed the nomination paper in his or her proper handwriting on the date set opposite his or her name; and that, to the best of deponent's knowledge and belief, the signers are qualified registered and enrolled electors of the Borough of Carlisle; and that the nomination paper is prepared in good faith for the sole purpose of endorsing the person named herein for election to the office of Government Study Commissioner.

Sworn to and subscribed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_
(SIGNATURE OF CIRCULATOR)
(PRINTED NAME OF CIRCULATOR)
Official Title (STREET ADDRESS) (POST OFFICE)
My Commission Expires (CITY, BOROUGH OR TOWNSHIP)

**CANDIDATE'S AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA)
: SS.
COUNTY OF CUMBERLAND )

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that his or her residence is as set forth below; that his or her election district is as set forth below; that the name of the office for which he or she consents to be a candidate is Government Study Commissioner; that he or she accepts the nomination to that office; that he or she consents to run as a candidate in the 2013 municipal primary election; that if elected, he or she agrees to take such office and serve; that he or she is eligible for said office and is an elector; that he or she will not knowingly violate any election law, or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that he or she is aware of the provisions of Section 1626 of The Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; and that he or she is not a candidate for an office which he or she already holds, the term of which is not set to expire in the same year as the office subject to the affidavit.

Any candidate for local office shall file a statement of financial interests for the preceding calendar year with the governing authority of the political subdivision in which he or she is a candidate on or before the last day for filing a petition to appear on the ballot for election. A COPY OF THE STATEMENT OF FINANCIAL INTERESTS SHALL ALSO BE APPENDED TO THIS PETITION.

Sworn to and subscribed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_
(SIGNATURE OF CANDIDATE)
(PRINTED NAME OF CANDIDATE)
Official Title (STREET ADDRESS) (POST OFFICE)
My Commission Expires (CITY, BOROUGH OR TOWNSHIP)
Election District of Candidate \_\_\_\_\_ Ward \_\_\_\_\_ District

**WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA)
: SS.
COUNTY OF CUMBERLAND )

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate, he or she does not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred Fifty Dollars (\$250) during any reporting period; that, as a candidate, he or she will keep records of contributions and expenditures as required by law; that as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250) (Act No. 1980-127)

Sworn to and subscribed before me
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_
(SIGNATURE OF CANDIDATE)
(PRINTED NAME OF CANDIDATE)
Official Title (STREET ADDRESS) (POST OFFICE)
My Commission Expires (CITY, BOROUGH OR TOWNSHIP)
Election District of Candidate \_\_\_\_\_ Ward \_\_\_\_\_ District

**FILING RECEIPT FOR CANDIDATE'S NOMINATION PAPER  
COUNTY BOARD OF ELECTIONS**

NAME OF CANDIDATE \_\_\_\_\_  
PLEASE PRINT

TITLE OF OFFICE \_\_\_\_\_  
PLEASE PRINT

When properly validated, this will be your receipt for the filing of a nomination paper in the name and for the office indicated above.

**MUNICIPAL PRIMARY: May 21, 2013**

**FIRST DAY TO CIRCULATE AND FILE NOMINATION PAPERS:.....February 19, 2013**

**LAST DAY TO CIRCULATE AND FILE NOMINATION PAPERS:.....March 12, 2013**



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



## STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR  
IF SIGNATURE OR DATE IS MISSING

SIGN THE FORM USING THE CURRENT DATE - DO NOT BACK DATE SIGNATURE

MAKE A COPY FOR YOUR RECORDS AND ADDITIONAL FILINGS WHERE REQUIRED  
(see filing chart on back of form)

### 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 political 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 political subdivision(s).

**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 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.

## 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 a business, governmental and/or home address and daytime telephone number.
- 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 list all political subdivision(s)/agency(ies) as to which you either: (1) are presently seeking a public position or public office as a candidate (incumbent or non-incumbent) or nominee; (2) presently hold a public position or public office; and/or (3) previously held a public position or public office during all or any portion of the calendar year listed in Block 7. (The term "political subdivision" includes a county, city, borough, incorporated town, township, school district, vocational school, county institution district, and any authority, entity or body organized by the aforementioned.)
- 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 within the Commonwealth. If you have no direct or indirect interests in such a property, 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 regardless of whether such debt is held solely by you or jointly by you and any other individual, including your spouse, where each obligor is fully responsible for the obligation. A joint obligation with other persons, for which the filer is responsible only for a proportional share that is less than the reporting threshold, is not required to be reported. 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 \$6,500 at any time during the calendar year. If you do not have any reportable creditor, then check "NONE."
- Block 10** DIRECT OR INDIRECT SOURCES OF INCOME: List the name and address of each source of \$1,300 or more of gross income regardless of whether such income is received solely by you or jointly by you and another individual such as a spouse. "Income" includes any money or thing of value received or to be received as a claim on future services or in recognition of services rendered in the past, whether in the form of a payment, fee, salary, expense, allowance, forbearance, forgiveness, interest, dividend, royalty, rent, capital gain, reward, severance payment, proceeds from the sale of a financial interest in a corporation, professional corporation, partnership or other entity resulting from termination/withdrawal therefrom upon assumption of public office or employment or any other form of recompense or combination thereof. The term refers to gross income; it includes prize winnings and tax-exempt income but does not include gifts, governmentally mandated payments or benefits, retirement, pension or annuity payments funded totally by contributions of the public official or employee, or miscellaneous, incidental income of minor dependent children. If you do not have ANY reportable source of income, check "NONE."
- Block 11** GIFTS: For each source of gift(s) valued at \$250 or more in the aggregate, list the following information: the name and address of the source; the circumstances, including a description, of each gift; and the value of the gift(s). Do not report political contributions otherwise reportable 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 both the name and address of the business entity for 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 interest 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. Do not back date your signature.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block 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 POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A

seeking  hold  held

B

05 GOVERNMENTAL ENTITY 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 The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	Interest Rate
Name: _____ Address: _____	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	(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	Circumstances (including description) of 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 (Name and Address)	Position Held
Name: _____ Address: _____	_____

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 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 \_\_\_\_\_ Enter Current Date \_\_\_\_\_

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

WHO MUST FILE	ORIGINAL COPY	ADDITIONAL FILINGS*	WHEN TO FILE
<b>A. STATUS BLOCK A - CANDIDATES</b> Statewide State Senate State House  Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court	<b>State Ethics Commission</b> P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17108-1470	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
<b>Constables / Deputy Constables</b>  Countywide City Borough Township Municipality (home rule charter)	<b>State Ethics Commission</b>  File with the Clerk/ Secretary in the Municipality in which you are a candidate	Append to nomination petition when filed with County Board of Elections	
<b>Magisterial District Judges</b>	File with the County in which the Magisterial District is located		
School Director	File in the School District where you are a candidate		
Announced Write-in  Unannounced Write-in Winners of Nominations  Unannounced Write-in Winners of Elections	For state office file with <b>State Ethics Commission</b> . For county or local office file with governing authority of political subdivision.	No additional copy required	
<b>B. STATUS BLOCK B - NOMINEE</b> State Level  County/Local Level	<b>State Ethics Commission</b>  Governing authority of political subdivision	File with the Official or Body vested with the power of confirmation	10 days before official or body approves or rejects the nomination.
<b>C. STATUS BLOCK C - PUBLIC OFFICIAL</b> 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.	<b>State Ethics Commission</b> P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17108-1470	File with <b>each</b> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (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.
<b>State House Member</b> <b>State Senate Member</b>		File with the House Chief Clerk or Senate Secretary (whichever applies)	
<b>Local Public Officials serving in/as:</b> Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts  (Incumbent Judges and Magisterial District Judges who are not candidates do not file)	File only with the governing authority of the respective local political subdivision	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	
<b>Constables / Deputy Constables</b>	<b>State Ethics Commission</b>		
<b>D. STATUS BLOCK D - PUBLIC EMPLOYEE</b> Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer	No additional copy required	
County City Borough Township Municipal (home rule) Municipal Authority School District	EMPLOYEE File only with your political subdivision		
<b>E. STATUS BLOCK E - SOLICITOR</b>	File with the governing authority of <b>each</b> political subdivision for which you are Solicitor	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	

\* Filer is responsible for making all additional copies.



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



## STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR  
IF SIGNATURE OR DATE IS MISSING

SIGN THE FORM USING THE CURRENT DATE - DO NOT BACK DATE SIGNATURE

MAKE A COPY FOR YOUR RECORDS AND ADDITIONAL FILINGS WHERE REQUIRED  
(see filing chart on back of form)

### 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 political 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 political subdivision(s).

**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 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.

## 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 a business, governmental and/or home address and daytime telephone number.
- 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 list all political subdivision(s)/agency(ies) as to which you either: (1) are presently seeking a public position or public office as a candidate (incumbent or non-incumbent) or nominee; (2) presently hold a public position or public office; and/or (3) previously held a public position or public office during all or any portion of the calendar year listed in Block 7. (The term "political subdivision" includes a county, city, borough, incorporated town, township, school district, vocational school, county institution district, and any authority, entity or body organized by the aforementioned.)
- 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 within the Commonwealth. If you have no direct or indirect interests in such a property, 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 regardless of whether such debt is held solely by you or jointly by you and any other individual, including your spouse, where each obligor is fully responsible for the obligation. A joint obligation with other persons, for which the filer is responsible only for a proportional share that is less than the reporting threshold, is not required to be reported. 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 \$6,500 at any time during the calendar year. If you do not have any reportable creditor, then check "NONE."
- Block 10** **DIRECT OR INDIRECT SOURCES OF INCOME:** List the name and address of each source of \$1,300 or more of gross income regardless of whether such income is received solely by you or jointly by you and another individual such as a spouse. "Income" includes any money or thing of value received or to be received as a claim on future services or in recognition of services rendered in the past, whether in the form of a payment, fee, salary, expense, allowance, forbearance, forgiveness, interest, dividend, royalty, rent, capital gain, reward, severance payment, proceeds from the sale of a financial interest in a corporation, professional corporation, partnership or other entity resulting from termination/withdrawal therefrom upon assumption of public office or employment or any other form of recompense or combination thereof. The term refers to gross income; it includes prize winnings and tax-exempt income but does not include gifts, governmentally mandated payments or benefits, retirement, pension or annuity payments funded totally by contributions of the public official or employee, or miscellaneous, incidental income of minor dependent children. If you do not have ANY reportable source of income, check "NONE."
- Block 11** **GIFTS:** For each source of gift(s) valued at \$250 or more in the aggregate, list the following information: the name and address of the source; the circumstances, including a description, of each gift; and the value of the gift(s). Do not report political contributions otherwise reportable 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 both the name and address of the business entity for 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 interest 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. Do not back date your signature.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block 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 POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A

B

05 GOVERNMENTAL ENTITY 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 The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	Interest Rate
Name: Address:	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	(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	Circumstances (including description) of 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 (Name and Address)	Position Held
Name: Address:	

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)	Interest Held Relationship
Transferee (Name and Address)	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 \_\_\_\_\_ Enter Current Date \_\_\_\_\_

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

WHO MUST FILE	ORIGINAL COPY	ADDITIONAL FILINGS*	WHEN TO FILE
<b>A. STATUS BLOCK A - CANDIDATES</b>			
Statewide State Senate State House  Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court	<b>State Ethics Commission</b> P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17108-1470	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
<b>Constables / Deputy Constables</b>	<b>State Ethics Commission</b>	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		
<b>Magisterial District Judges</b>	File with the County in which the Magisterial District is located		
School Director	File in the School District where you are a candidate		
Announced Write-in  Unannounced Write-in Winners of Nominations  Unannounced Write-in Winners of Elections	For state office file with <b>State Ethics Commission</b> . For county or local office file with governing authority of political subdivision.	No additional copy required	Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame.
<b>B. STATUS BLOCK B - NOMINEE</b>			
State Level	<b>State Ethics Commission</b>	File with the Official or Body vested with the power of confirmation	10 days before official or body approves or rejects the nomination.
County/Local Level	Governing authority of political subdivision		
<b>C. STATUS BLOCK C - PUBLIC OFFICIAL</b>			
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.	<b>State Ethics Commission</b> P.O. Box 11470 Room 309 Finance Building Harrisburg, PA 17108-1470	File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (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.
<b>State House Member</b> <b>State Senate Member</b>		File with the House Chief Clerk or Senate Secretary (whichever applies)	
<b>Local Public Officials serving in/as:</b> Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts	File only with the governing authority of the respective local political subdivision	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	
(Incumbent Judges and Magisterial District Judges who are not candidates do not file)			
<b>Constables / Deputy Constables</b>	<b>State Ethics Commission</b>		
<b>D. STATUS BLOCK D - PUBLIC EMPLOYEE</b>			
Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer	No additional copy required	
County City Borough Township Municipal (home rule) Municipal Authority School District	File only with your political subdivision		
<b>E. STATUS BLOCK E - SOLICITOR</b>			
	File with the governing authority of <u>each</u> political subdivision for which you are Solicitor	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	

**\* Filer is responsible for making all additional copies.**