

## 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

DO NOT USE FORMS PRINTED PRIOR TO YEAR 2012 (Rev. 01/12)

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

#### THIS FORM MUST BE COMPLETED AND FILED BY:

- **A** <u>Candidates</u> 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 <u>Public Officials</u> 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.
- <u>Public Employees</u> 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.

This form is considered deficient if any block is not completed, or if signature or date is missing.

(1 of 4) SEC-1 (Rev. 01/12)

#### STATEMENT OF FINANCIAL INTERESTS INSTRUCTIONS

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

- <u>Block 1</u> 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** Listing a business/governmental address and daytime telephone number is sufficient.
- <u>Block 3</u> 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.)
- **<u>Block 6</u>** 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.
- <u>Block 8</u> <u>REAL ESTATE INTERESTS</u>: 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."
- 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."

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

#### STATEMENT OF FINANCIAL INTERESTS

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

|              |  |   |         |       |               |            |             |       |                                       |          |               |        | Р                           | LEAS     | E PR            | INT     | NEAT     | LY           |                                |       |           |        |         |                    | ,                 |                 |          |             |                                       |           |
|--------------|--|---|---------|-------|---------------|------------|-------------|-------|---------------------------------------|----------|---------------|--------|-----------------------------|----------|-----------------|---------|----------|--------------|--------------------------------|-------|-----------|--------|---------|--------------------|-------------------|-----------------|----------|-------------|---------------------------------------|-----------|
| 01 LAST NAME |  |   |         |       |               | FIRST NAME |             |       |                                       |          |               |        |                             |          |                 |         |          |              | MI                             |       |           | SUFFIX |         |                    |                   |                 |          |             |                                       |           |
|              |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 | J L      |             |                                       |           |
| 02           | ADDRES   | s   |         |       |               |            |             |       |                                       |          |               |        |                             | City     |                 |         |          |              |                                |       | Sta       | ite    | Zip     | Code               |                   | Area C          | ode      |             | Phone                                 | Э         |
| NO           | OTE: IF YOU  | J ARE   | INCL    | .UDI  | NG A          | ГТΑ        | CHM         | ENT   | rs, D                                 | O NO     | r inci        | LUDE   | ANYT                        | HING     | THAT            | BEA     | ARS YO   | OUR S        | SOCIAL                         | SE    | CURIT     | Y NU   | MBER    | OR F               | INAN              | ICIAL           | ACCO     | UNT         | NUM                                   | BERS.     |
| 03           | STATUS<br>A B  | Can   |         |       | able l        |            |             |       | cs, mo                                |          | Public        | Offic  | k may<br>ial (Cu<br>ial (Fo | rrent)   | rked.<br>D<br>D | (See    | Public   | c Emp        | on pag<br>oloyee (<br>oloyee ( | (Curr | •         | E      | if      | you a              | this t<br>are fil | ing             |          | bloo<br>are | eck thi<br>ck if y<br>amen<br>origina | ou        |
| 04           | PUBLIC F   | POSIT   | ION (   | OR F  | PUBL          | со         | FFIC        | CE (a | admir                                 | nistrato | or, me        | mber   | , Comi                      | nissior  | ner, jol        | b title | e, etc.) |              | seekin                         | g     |           |        | hold    |                    |                   | held            |          |             |                                       |           |
| А            |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
|              |  |   |         |       |               |            |             |       |                                       | •        |               |        |                             |          |                 |         |          |              | seekin                         | g     |           |        | hold    |                    |                   | held            |          |             | -                                     |           |
| в            |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| 05           | GOVERNI  | MENT  | AL EN   | TIT   | <b>Y</b> in w | nich       | you a       | are/w | ere a                                 | n Offic  | ial, Em       | nploye | e, Can                      | didate ( | or Nom          | ninee   | (e.g., d | ept, a       | gency, a                       | autho | rity, bor | ough   | board   | , com              | nissio            | n, coui         | nty, sch | ool di      | strict,                               | twp, etc. |
| А            |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| _ [          |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             | -                                     |           |
| В            |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| 06           | OCCUPA   | TION  | OR F    | ROF   | FESS          | ION        | (Thi        | s ma  | y be                                  | the sa   | me as         | s bloc | k 4)                        |          |                 | 07      | YEAR     |              | nforma<br>PRIOR                |       |           |        |         |                    | elow              | repres          | ents fin | iancia      | al inte                               | rests fo  |
| <br>09       | CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name:  Address: |   |         |       |               |            |             |       |                                       |          | Interest Rate |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| 10           | DIRECT O   | DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. |         |       |               |            |             |       | (OFFICIAL USE ONLY)                   |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| 11           | GIFTS (S   | See in  | structi | ions  | on na         | ne 2       | 2) <b>I</b> | f NO  | NF (                                  | chack    | this          | hox    | _                           |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          |             |                                       |           |
| ''<br>''     | Source of C  |   | ou dou  | 10113 | on po         | gc z       | -, •        |       | , , , , , , , , , , , , , , , , , , , | JIICON   |               | JUA.   | <u> </u>                    |          |                 |         |          |              |                                |       |           | ı      |         |                    |                   | Val             | ue of Gi | .ft<br>¬ r  |                                       |           |
|              |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          | ].[         |                                       |           |
|              | Address of S   | ource (   | of Gift |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              | Circur                         | nstan | ces (inc  | luding | descrip | otion) o           | of Gift           |                 |          |             |                                       |           |
| 12           | TRANSPO  |   |         | -     | DGIN          | G, F       | los         | PITA  | LITY                                  | (See     | instru        | uction | s on p                      | age 2)   | If N            | ONE     | , chec   | k this       | box.                           |       |           |        |         |                    | ,                 | Value           |          |             |                                       |           |
|              |  |   |         |       |               |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        |         |                    |                   |                 |          | ] .         |                                       |           |
| 13           | OFFICE,<br>Business  |   |         |       |               |            | PLO         | YME   | NT II                                 | N ANY    | / BUS         | INES   | S (Se                       | e instr  | uction          | s on    | page 2   | 2) <b>If</b> | NONE,                          | che   | ck this   | box    |         |                    | 1                 | Positio         | on Held  |             |                                       |           |
|              | Name:  |   |         |       |               |            |             |       |                                       |          |               |        |                             | Addre    |                 |         |          |              |                                |       |           |        |         |                    | ᆜ                 |                 |          |             |                                       |           |
| 14           | FINANCIA<br>Name and A   |   |         |       |               | Y LE       | EGA         | L EN  | ITITY                                 | 'IN B    | JSINE         | ESS F  | OR PI                       | ROFIT    | (See            | instr   | ructions | s on p       | age 2)                         | If I  | NONE,     | ched   | ck this | box.               |                   | Intere          | st Held  |             |                                       |           |
| 15           | BUSINES<br>Business (N   | lame a  | ind Ad  | dress | s)            | NSFI       | ERR         | ED 1  | TO IN                                 | IMED     | IATE          | FAMI   | LY ME                       | MBER     | R (See          | e inst  | truction | s on         | page 2                         | ) If  | NONE      | , che  |         | Interes<br>Relatio | st Held           |                 |          |             |                                       |           |
|              | Transferee<br>undersigne   | d here  | eby af  | firms | s that        |            |             |       |                                       |          |               |        |                             |          |                 |         |          |              |                                |       |           |        | n and   | Date 1<br>belief   | ransfe; said      | erred<br>affirm |          | eing        | made                                  | subjec    |
| to th        | ne penalties   | presc   | ribed   | by 1  | 8 Pa.         | C.S.       | . §49       | 04 (ī | unsw                                  | orn fal  | sificat       | ion to | autho                       | rities)  | and th          | ie Pu   | blic Of  | ficial       | and Em                         | nploy |           |        |         |                    |                   | 109(b)          |          | -           |                                       | ·         |
|              | •  | natur   |         | 10    | CON           | ein        | EDI         | - D I | SEEL                                  | CIEN     | TIE           | A NIV  | BI O                        | CK A     | POV.            | E IO    | NOT      | COL          | ADI ET                         | ED    |           |        | rrent D |                    |                   | VOLIE           | REC      | ORI         |                                       |           |

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

|    | WHO MUST FILE  | ORIGINAL<br>WHITE COPY   | YELLOW COPY   | WHEN TO FILE  |  |  |  |  |
|----|--|--|---|---|--|--|--|--|
| Α. | STATUS BLOCK A - CANDIDATES Statewide State Senate State House  Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court   | State Ethics<br>Commission<br>P.O. Box 11470<br>Room 309 Finance Building<br>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<br>THE LAST DAY  |  |  |  |  |
|    | Constables / Deputy Constables  Countywide City Borough Township Municipality (home rule charter)  Magisterial District Judges   | File with the Clerk/ Secretary in the Municipality in which you are a candidate  File with the County in which the Magisterial         | Append to<br>nomination petition<br>when filed<br>with County<br>Board of<br>Elections  | FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION  |  |  |  |  |
|    | School Director  | File in the School District where you are a candidate  | Elections   |   |  |  |  |  |
|    | Announced Write-in Unannounced Write-in Winners of Nominations Unannounced Write-in Winners of Elections   | 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 declines the nomination or office within that time frame. |  |  |  |  |
| В. | STATUS BLOCK B - NOMINEE State Level   | State Ethics<br>Commission   | File with the Official or Body vested with the power of   | 10 days before official or body approves or rejects the nomination.   |  |  |  |  |
|    | County/Local Level   | Governing authority of political subdivision   | confirmation  |   |  |  |  |  |
| 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<br>Commission<br>P.O. Box 11470<br>Room 309 Finance Building<br>Harrisburg, PA 17108-1470                                 | File with <u>each</u> Agency, Board,<br>Commission, Department, or<br>Government Body in which employed<br>or to which appointed. (make<br>additional copies if needed) |   |  |  |  |  |
|    | State House Member<br>State Senate Member  |  | File with the House Chief Clerk or<br>Senate Secretary (whichever applies)  | FILE <b>NO LATER THAN MAY 1</b><br>OF EACH YEAR A POSITION  |  |  |  |  |
|    | Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts  (Incumbent Judges and Magisterial District   | File only with the governing<br>authority of the respective<br>local political<br>subdivision  | Yellow copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required)   |   |  |  |  |  |
|    | Judges who are not candidates do not file)  Constables / Deputy Constables   | State Ethics Commission  |   | IS HELD AND OF THE YEAR   |  |  |  |  |
| D. | STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)   | File only with your Employer   |   | AFTER LEAVING SUCH A POSITION.  |  |  |  |  |
|    | County City Borough Township Municipal (home rule) Municipal Authority School District   | File only with your political subdivision  | This copy is not required to be filed   |   |  |  |  |  |
| E. | STATUS BLOCK E - SOLICITOR   | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor                                     | Yellow copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required)   |   |  |  |  |  |