



COMMONWEALTH OF PENNSYLVANIA
STATE ETHICS COMMISSION

Finance Building
613 North Street, Room 309
Harrisburg, PA 17120-0400
(717) 783-1610 or Toll Free 1-800-932-0936
www.ethics.pa.gov
ra-ethicswebmaster@pa.gov
Fax: (717) 787-0806



STATEMENT OF FINANCIAL INTERESTS

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

THOSE INDIVIDUALS WHO HOLD MORE THAN ONE OFFICE AND/OR POSITION MUST FILE A COPY OF THEIR FORM AT EACH FILING LOCATION.

YOU MAY FILE ONLINE AT: WWW.ETHICS.PA.GOV. A PAPER COPY MAY STILL BE REQUIRED TO BE SUBMITTED TO YOUR FILING LOCATION. FILERS SHOULD CHECK WITH THEIR FILING LOCATION FOR REQUIREMENTS.

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 Commonwealth or political subdivision.**
- 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 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.

The Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act "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. Blocks 01 through 06 are for current information.

- Block 01** Enter your last name, first name, middle initial and suffix (if applicable) in the spaces provided. Public office candidates should use the exact name used on official nomination petition or papers.
- Block 02** List an office (business or governmental) or home address and daytime telephone number.
- Block 03** Check the box or boxes to indicate your status. See definitions on front page. If you are correcting a prior filing, please check the box designating an amended form.
- Block 04** Check the appropriate box (seeking, hold, held) for each position you list in the blocks below. List all 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 an alternate/designee).
- Block 05** List all Commonwealth agency(ies) or political subdivision(s) as to which you: (1) are presently seeking a public position or public office as a candidate (incumbent or non-incumbent) or nominee; (2) presently hold public office(s) or public employment; and/or (3) previously held a public office(s) or public employment during all or any portion of the calendar year listed in block 07. (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 06** List your current occupation or profession. This information may be the same as stated in block 04.
- Block 07** List the calendar year for which you are filing this form. Like tax returns, the form discloses financial information for a **prior** calendar year. For example, for the form due May 1, 2024, block 07 would read "2023." The information in blocks 08 through 15 should represent financial interests for the calendar year listed in Block 7.
- Block 08** **REAL ESTATE INTERESTS:** List 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 09** **CREDITORS:** List 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 - - including but not limited to gross income from the public position - - 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 and 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. Filers are not required to list income amounts. If you do not have ANY reportable source of income, then check "NONE."
- Block 11** ***GIFTS:** For each source of gifts(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 (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. The Commission has held that a person cannot be deemed a "friend" if that person and/or a business with which that person is associated is regulated by or has contracts with the public official's governmental body. If you did not receive any reportable gift, then check "NONE."
- Block 12** ***TRANSPORTATION, LODGING OR HOSPITALITY EXPENSES:** 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 the name and address of the business entity for any office that you hold (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. If you do not have any office, directorship or employment in any business entity to report, then check "NONE."
- 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 in which you transferred a financial interest (as defined in block 14 above) 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."
- Signature** Sign the form and enter the current date. **Back dating the form is a violation of law and could result in the initiation of civil, administrative and/or criminal penalties.**

*Please note the Commission has long held that the receipt of things of value, such as gifts, transportation, lodging and hospitality from vendors, those regulated, and others, may form the basis for a conflict of interest under Section 1103(a) of the Ethics Act.

STATEMENT OF FINANCIAL INTERESTS

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

| | | | | |
|----|----------------------|----------------------|----------------------|----------------------|
| 01 | LAST NAME | FIRST NAME | MI | SUFFIX |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | |
|----|---------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 02 | ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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|----|------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 03 | STATUS Check applicable box or boxes, more than one box may be marked. | | | | <input type="checkbox"/> Check this box if you are amending an original filing |
| | 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 box if you are filing as a solicitor | |
| | B <input type="checkbox"/> Nominee | C <input type="checkbox"/> Public Official (Former) | D <input type="checkbox"/> Public Employee (Former) | | |

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|----|------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| 04 | PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) | <input type="checkbox"/> seeking | <input type="checkbox"/> hold | <input type="checkbox"/> held |
| A | <input type="text"/> | <input type="checkbox"/> seeking | <input type="checkbox"/> hold | <input type="checkbox"/> held |
| B | <input type="text"/> | | | |

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| 05 | GOVERNMENTAL BODY 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 | <input type="text"/> |
| B | <input type="text"/> |

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|----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06 | OCCUPATION OR PROFESSION (This may be the same as block 4) | 07 YEAR SEE INSTRUCTIONS |
| | <input type="text"/> | Information in blocks 8-15 represents disclosure for the calendar year listed here: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> |

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|----|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 08 | REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision | If NONE, check this box <input type="checkbox"/> |
|----|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|

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|----|----------------------------------------------------------|--------------------------------------------------|
| 09 | CREDITORS TO WHOM IS OWED MORE THAN \$6,500 | If NONE, check this box <input type="checkbox"/> |
| | Name: <input type="text"/> Address: <input type="text"/> | Interest Rate <input type="text"/> |

| | | |
|----|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 10 | DIRECT OR INDIRECT SOURCES OF INCOME OF \$1,300 OR MORE, including (but not limited to) all employment | If NONE, check this box <input type="checkbox"/> |
| | Name: <input type="text"/> Address: <input type="text"/> | (OFFICIAL USE ONLY) |

| | | |
|----|------------------------------------------------|--------------------------------------------------------------------|
| 11 | GIFTS VALUED AT \$250 OR MORE IN THE AGGREGATE | If NONE, check this box <input type="checkbox"/> |
| | Source of Gift <input type="text"/> | Value of Gift <input type="text"/> |
| | Address of Source of Gift <input type="text"/> | Circumstances (including description) of Gift <input type="text"/> |

| | | |
|----|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| 12 | TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED \$650 IN THE AGGREGATE | If NONE, check this box <input type="checkbox"/> |
| | Source (Name and Address) <input type="text"/> | Value <input type="text"/> |

| | | |
|----|---------------------------------------------------------|------------------------------------------------------------------------------|
| 13 | OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS | If NONE, check this box <input type="checkbox"/> |
| | Business Entity (Name and Address) <input type="text"/> | Position Held (i.e., officer, director, employee, etc.) <input type="text"/> |

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|----|---------------------------------------------------------------|----------------------------------------------------------|
| 14 | FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT | If NONE, check this box <input type="checkbox"/> |
| | Business (Name and Address) <input type="text"/> | Interest Held (i.e., 5%, 10%, etc.) <input type="text"/> |

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|----|-----------------------------------------------------------|------------------------------------------------------------------|
| 15 | BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER | If NONE, check this box <input type="checkbox"/> |
| | Business (Name and Address) <input type="text"/> | Interest Held Relationship Date Transferred <input type="text"/> |
| | Transferee (Name and Address) <input type="text"/> | |

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

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

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | 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 | State Ethics Commission | 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 which the Magisterial District is located | | |
| 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. | 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. |
| 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 approves or rejects the nomination. |
| County/Local Level | Governing authority of 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 | File with each 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. |
| State House Member State Senate Member | State Ethics Commission | 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 Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | 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 each entity as required) | |
| Constables / Deputy Constables | State Ethics Commission | | |
| 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 with your political subdivision | No additional copy required | |
| E. STATUS BLOCK E - SOLICITOR | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.