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

<table>
<thead>
<tr>
<th>WHO MUST FILE</th>
<th>ORIGINAL COPY</th>
<th>ADDITIONAL FILINGs</th>
<th>WHEN TO FILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. STATUS BLOCK A - CANDIDATES</td>
<td>Statewide State Senate State House</td>
<td>State Ethics Commission</td>
<td>Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0529</td>
</tr>
</tbody>
</table>

Magisterial District Judges

File with the Clerk/ Secretary in the Municipality in which you are a candidate

Announced Write-in

For a written petition with State Ethics Commission. Filing in the office or local office with governing authority of political subdivision

Unannounced Write-in Winners of Nominations

For a written petition with State Ethics Commission. Filing in the office or local office with governing authority of political subdivision

B. STATUS BLOCK B - NOMINEE

County-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.

C. STATUS BLOCK C - PUBLIC OFFICIAL

Commonwealth Public Officials such as: Members of Boards, and Commissions (including alternate/designee) Heads of executive, legislative and independent agencies, boards and commissions, and persons appointed to positions designated as officeholders.

State Ethics Commission

File with the Authority in your State/County/Local area

D. STATUS BLOCK D - PUBLIC EMPLOYEE

Commonwealth Public EMPLOYEE (Executive, Legislative, & Independent Agencies)

Employee

File only with your Employer

No additional copy required

F. 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 served)

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.

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

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.

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

FILERS MAY USE THE ONLINE FILING SYSTEM AT THE STATE ETHICS COMMISSION’S WEBSITE: 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.

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 “Ethics Act,” 65 Pa C.S. § 1101 et seq.
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.

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 02
List an office (business or governmental) or home address and daytime telephone number.

Block 03
Please check the box or boxes to indicate your status. See definitions on page 1. If you are correcting a prior filing, please check the box designating an amended form.

Block 04
Please check the appropriate box (seeking, held, held) for each position you list in the boxes below. List all public position(s) which you are seeking, currently hold, or have held in the past 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
Please list all political subdivision(s) or agency(ies) 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 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 box 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
Please 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, these forms disclose financial information for a prior calendar year. For example, for the form due May 1, 2021, block 07 would read "2020." The information in blocks 08 through 15 should represent financial interests for the calendar year listed.

Block 08
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 09
CREDITOR: 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 filing is responsible only for a proportionate share that is less than the reporting threshold, is not required to be reported. Do not report a mortgage or equity loan on your (or secondary home), or loans or credit between you and your spouse, child, parent or sibling. 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 $1,500 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, 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 compensation or combination thereof. The term refers to gross income and includes price 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 office or employee, or miscellaneous incidental income of minor dependent children. If you do not have any reportable source of income, then 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 (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 the gift 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 filing is responsible only for a proportionate share that is less than the reporting threshold, is not required to be reported. If NONE, then check "NONE."

Block 12
TRANSPORTATION, LOGGING OR HOSPITALITY EXPENSES: List the name and address of each source and the amount of each payment/embursement by the source for transportation, lodging or hospitality that you received in connection with your public position if the aggregate amount of such payments/embursements 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 officers/employees of political subdivisions that you serve in an official capacity. If you do not have any reportable expenditures, then check "NONE."

Block 13
OFFICE, DIRECTION OR EMPLOYMENT IN ANY BUSINESS ENTITY: List both the name and address of the business entity for any office that you hold (Example: President, Vice President, Secretary, Treasurer), any direction 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 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 in which you own more than 5% of the equity or more than 5% of the assets of the 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
Please sign the form in the current date. Check 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 110(3)(a) of the Ethics Act.

<table>
<thead>
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<td>OFFICE</td>
<td>06</td>
<td>STATE</td>
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<td>07</td>
<td>BUSINESS</td>
<td>08</td>
<td>ZIP CODE</td>
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<td>OR GOVERNMENTAL</td>
<td>10</td>
<td>AREA CODE</td>
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<tr>
<td>11</td>
<td>HOME</td>
<td>12</td>
<td>PHONE</td>
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

<table>
<thead>
<tr>
<th>03</th>
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<td>Candidate (including write-in)</td>
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<td>B</td>
<td>Nominee</td>
<td>F</td>
<td>held</td>
</tr>
<tr>
<td>C</td>
<td>Public Official (Current)</td>
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<td>D</td>
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<td>Public Employee (Former)</td>
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20

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<th>OCCUPATION OR PROFESSION</th>
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<tr>
<td>A</td>
<td>In which you serve an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, board, commission, county, school district, dept., etc.)</td>
<td>B</td>
<td>(This may be the same as block 4)</td>
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<thead>
<tr>
<th>07</th>
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<th>08</th>
<th>REAL ESTATE INTERESTS</th>
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<tbody>
<tr>
<td>A</td>
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<td>B</td>
<td>(See instructions on page 2)</td>
</tr>
</tbody>
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<th>09</th>
<th>CREDITOR</th>
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<th>DIRECT OR INDIRECT SOURCES OF INCOME</th>
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<tr>
<td>A</td>
<td>(See instructions on page 2)</td>
<td>B</td>
<td>(See instructions on page 2)</td>
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<th>VALUE</th>
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<th>OCCUPATION OR PROFESSION</th>
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<td>B</td>
<td>(See instructions on page 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>OFFICE, DIRECTION OR EMPLOYMENT IN ANY BUSINESS</th>
<th>14</th>
<th>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>(See instructions on page 2)</td>
<td>B</td>
<td>(See instructions on page 2)</td>
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</table>

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<thead>
<tr>
<th>15</th>
<th>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</th>
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<th>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>(See instructions on page 2)</td>
<td>B</td>
<td>(See instructions on page 2)</td>
</tr>
</tbody>
</table>

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. §4504 (criminal notification to authorities) and the Public Official and Employee Ethics Act §505 (10506).

Signature

Enter Current Date

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

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 paper.

**Block 02**

List an office (business or governmental) or home address and daytime telephone number.

**Block 03**

Please check the box or boxes to indicate your status. See definitions on page 1. If you are correcting a prior filing, please check the box designating an amended form.

**Block 04**

Please check the appropriate box (seeking, held, held) for each position you list in the boxes below. List all public position(s) in which you are seeking, currently held, or have held in the past 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 political subdivision(s) or agency/ies 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 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 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**

Please 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, these forms disclose financial information for a prior calendar year. For example, for the form due May 1, 2023, block 07 would read 2022. The information in blocks 08 through 15 should represent financial information for the calendar year listed.

**Block 08**

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 09**

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.

**Block 10**

DIRECT OR INDIRECT SOURCES OF INCOME: List the name and address of each source of $1,300 or more of gross income -- 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, 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 compensation or remuneration thereof. This 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 employee or public official, or miscellaneous incidental income of minor dependent children. If you do not have any reportable source of income, then check "NONE."

**Block 11**

"GIFTS": For each source of gift(s) valued at $200 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).

**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 reimbursement made by a governmental body or by an organization/association of public officials/employees of public 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 (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 to any business entity. This block focuses solely on your position 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 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**

TRANFERRED 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**

Please 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.*

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**STATEMENT OF FINANCIAL INTERESTS**

<table>
<thead>
<tr>
<th>Block 01</th>
<th>LAST NAME</th>
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<th>MI</th>
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</thead>
<tbody>
<tr>
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<td>City</td>
<td>State</td>
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<tr>
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<td>City</td>
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<td>ADDRESS office (business or governmental) or home</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Block 05</td>
<td>ADDRESS office (business or governmental) or home</td>
<td>City</td>
<td>State</td>
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<td>Block 06</td>
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<td>City</td>
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<td>Zip Code</td>
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<tr>
<td>Block 07</td>
<td>ADDRESS office (business or governmental) or home</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

**NOTE:** If you are including attachments, do not include anything that bears your social security number or financial account numbers.

**Block 08**

REAL ESTATE INTERESTS: (See instructions on page 2) IF NONE, check this box. |

**Block 09**

CREDITORS: (See instructions on page 2) If NONE, check this box. |

**Block 10**

DIRECT OR INDIRECT SOURCES OF INCOME: (See instructions on page 2) IF NONE, check this box. |

**Block 11**

GIFTS: (See instructions on page 2) If NONE, check this box. |

**Block 12**

TRANSPORTATION, LODGING OR HOSPITALITY EXPENSES: (See instructions on page 2) IF NONE, check this box. |

**Block 13**

OFFICE/DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ENTITY: (See instructions on page 2) IF NONE, check this box. |

**Block 14**

FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: (See instructions on page 2) IF NONE, check this box. |

**Block 15**

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER: (See instructions on page 2) IF NONE, check this box. |

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**COMMISSIONER OF PENNSYLVANIA**

<table>
<thead>
<tr>
<th>SEC-1 (Rev. 01/21)</th>
<th>OFFICE/DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ENTITY</th>
<th>Interest Held (if any)</th>
</tr>
</thead>
</table>

**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

A. STATUS BLOCK A - CANDIDATES

Statewide
State Senate
State House
Supreme Court
Superior Court
Common Pleas Court
Traffic Court
Municipal Court
Commonwealth Court

File with the Clerk/ Secretary in the Municipality in which you are a candidate

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. STATUS BLOCK B - NOMINEE

County Level

File with the Official or Body vested with the power of confirmation

10 days before official or body approves or rejects the nomination

C. STATUS BLOCK C - PUBLIC OFFICIALS

Commonwealth Public Officials such as:
Members of Boards and Commissions (including alternate designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as officeholders

File with each Agency, Board, Commission, Department, or Government Body in which employed or to whom appointed (make additional copies if needed)

D. STATUS BLOCK D - PUBLIC EMPLOYEE

Commonwealth Public EMPLOYEE (Executive, Leg. & Independent Agencies)

File only with your Employer

No additional copy required

E. STATUS BLOCK E - SOLICITOR

File with the governing authority of each political subdivision for which you are a Solicitor

Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required)

F. ANNOUNCED WRITE-IN

File with State Ethics Commission. File in the School District where you are a candidate

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.

FILERS MAY USE THE ONLINE FILING SYSTEM AT THE STATE ETHICS COMMISSION’S WEBSITE: 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.

IMPORTANT:
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