

**IMPORTANT NOTICE**  
**Guidelines for Printing or Downloading of Petition Packet**

**NOMINATION PETITION-**

BEFORE DOWNLOADING OR PRINTING THE NOMINATION PETITION, PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY. FAILURE TO REPRODUCE THE NOMINATION PETITION FORMS CORRECTLY MAY RESULT IN THE REJECTION OF THOSE FORMS.

1. NOMINATION PETITION **MUST BE PRINTED DUPLEX** (TWO-SIDED, FRONT AND BACK, HEAD TO HEAD) ON **PLAIN WHITE 8 ½" X 11" (LETTER SIZE)** PAPER. THIS REQUIREMENT **CANNOT BE SATISFIED BY PRINTING EACH SIDE OF THE NOMINATION PETITION ON A SEPARATE SHEET OF 8 1/2" x 11" PAPER AND AFFIXING THE TWO SHEETS TOGETHER.**
  
2. PLEASE READ ALL INSTRUCTIONS PROVIDED WITH THE NOMINATION PETITION PRIOR TO CIRCULATION.

IF YOU HAVE ANY QUESTIONS OR ARE UNSURE WHETHER YOU HAVE CORRECTLY REPRODUCED ANY OF THE FORMS, PLEASE CONTACT THE LEHIGH COUNTY ELECTIONS OFFICE AT (610) 782-3194

**CANDIDATES AFFIDAVIT/WAIVER OF EXPENSE-** MUST BE PRINTED **DUPLEX** (TWO-SIDED, FRONT AND BACK, HEAD TO HEAD) ON **PLAIN WHITE 8 ½" X 11" (LETTER SIZE)** PAPER. THIS REQUIREMENT **CANNOT BE SATISFIED BY PRINTING EACH SIDE OF THE CANDIDATES AFFIDAVIT/WAIVER OF EXPENSE ON A SEPARATE SHEET OF 8 ½" x 11" PAPER AND AFFIXING THE TWO SHEETS TOGETHER. (MUST ACCOMPANY THE PETITION AT TIME OF FILING)**

**STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS** -MUST ACCOMPANY THE PETITION AT TIME OF FILING (Rev. 01/25)

**INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS**

**"THINGS YOU WILL NEED CHECKLIST" WHEN FILING YOUR NOMINATION PETITION**

**IF YOU WOULD LIKE A RECEIPT FOR YOUR NOMINATION PETITIONS, PLEASE BRING THIS COMPLETED FORM WITH YOU WHEN YOU FILE. THANK YOU**

**Name:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**District:** \_\_\_\_\_

**Filing Fee (if applicable):**

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Lehigh County Voter Registration  
Lehigh County Government Center  
17 S 7<sup>th</sup> St, Ground Floor, Room 58  
Allentown, PA 18101-2401  
(610)782-3194

## THINGS YOU WILL NEED CHECKLIST WHEN FILING YOUR PETITION

All Filing Fees are to be paid in Fiscal 1<sup>st</sup> Floor, Room 119. Prior to attempt to file in Voter Office. Cash, certified check or money order payable to the County of Lehigh. **(if applicable) No Personal checks will be accepted**

A completed and Notarized Candidate's Affidavit/Wavier of Expense

A Nomination Petition with Statement of Circulator signed and the required number of signatures

A copy of your State Ethics Commission Statement of Financial Interests Completed

Non-incumbent Tax Collectors **ONLY** criminal history information

ELECTION BOARD OF LEHIGH COUNTY, PA.  
Main Office (610) 782-3194

**INSTRUCTIONS TO CANDIDATES AND CIRCULATORS OF NOMINATION PETITIONS – 2025**

First day to circulate and file petitions.....	February 18
Last day to circulate and file petitions .....	March 11
Last day to file objections to petition .....	March 18
Casting of lots for ballot position.....	March 19
Last day for candidates who filed petitions to withdraw.....	March 26
Last day to register to vote before the Primary.....	May 5
Municipal Primary.....	May 20
Municipal Election.....	November 4

1. The petitions were last revised in 2021. If you obtained your petition from any source other than the Voter Registration Office, be sure that you have petitions has the statement of circulator. No notarization is needed. **Any other version will NOT be accepted.**
2. **ALL CANDIDATES** must sign and submit one CANDIDATE'S AFFIDAVIT per nomination petition/ packet. The CANDIDATE'S AFFIDAVIT is printed on a separate form and can be obtained from the Elections Office. This must be notarized. (One per party/per office)
3. **ALL CANDIDATES** for county and local public office must file the Statement of Financial Interests with the governing authority of the political subdivision in which he/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 must also be attached to the petition to appear on the ballot.
4. **TAX COLLECTORS-** Non-incumbents filing a nomination petition for the position of Tax Collector must include their criminal history information from the PSP (PA State Police) through the Criminal History Record Act with their petition, the information must be from within the year prior from the filing of the petition. Petitions will not be accepted without this report. For additional information, visit the Pennsylvania State Tax Collectors Association web page: <https://www.pstca.org>
5. **Do not use ditto marks** anywhere on any petition.
6. The Election Board of Lehigh County urges each candidate to file & pick up his/her nomination petition packet personally in order to obtain the proper forms for filing the necessary expense account reports.
7. Each signer may sign petitions for as many candidates for each office as he/she is permitted to vote for, and no more.
8. **No nomination petition requiring a filing fee will be accepted for filing unless it is accompanied by a filing fee receipt, received from the County Fiscal Officer.** These fees must be paid by cash, certified check, or money order payable to the County of Lehigh in the office of the Fiscal Department, Room 119, on the first floor of the Lehigh County Government Center, **before** filing your petition in the Voter Registration Office prior to 4:00 p.m on the last day.
9. Petitions for County, City, Township and Borough and local Party offices are to be filed with the Lehigh County Election Board, in the office of Voter Registration, located on the ground floor of the Lehigh County Government Center, 17 S. Seventh St., Allentown, on or before **4:00 p.m. on March 11, 2025.**
10. Type or **clearly print** the name of the candidate on the face of the petition **EXACTLY** as you wish it to appear on the official ballot. Avoid the use of nick-names in the name of a candidate. If a married woman is proposed as a candidate, her first name should be used on the petition; e.g., Mary Jones and not Mrs. John Jones. If any discrepancy between the name on the petition & the name on the candidate's affidavit as to appear on the ballot, the ballot will reflect the petition.
11. **Make certain that each signer of a petition is a registered and enrolled member of the party referred to in the petition and registered at said address on petition.**

(OVER)

12. **Each signer must personally insert their own information** concerning signature, printed name, residence and date of signing. Each signer should list his/her address exactly as it appears on his/her registration affidavit. The date of signing may be expressed in words or numbers; e.g., March 6, 2025 or 3/6/25. Given name of a married woman must be used by signer; e.g., Mary Jones, not Mrs. John Jones.
13. Be sure the proper office title and term of office are set forth in your petition.
14. Different petitions must be used for signers who reside in different counties; e.g., Bethlehem City Offices and Bethlehem Area School District, Catasauqua Area School District and Northern Lehigh School District.  
Petitions may consist of several sheets. If more than one sheet is used and intended to be constituted as one petition, they shall be bound together when offered for filing, and each sheet shall be numbered consecutively, beginning with number one (1), at the foot of each page. If petitions are copied, the affidavits **MUST** be copied on to the back of each sheet. The candidate's affidavit must be completed on only one of these sheets, however, the **statement of circulator** must be completed on all sheets, where ever it appears, whether on a single sheet petition or on a multiple sheet petition. All statements must be signed **AFTER** all the signatures are obtained.
15. Candidates for Judge of the Court of Common Pleas, District Judge and School Director are permitted to cross-file. Separate petitions must be filed for each Party if the candidate is cross-filing. The statement of circulator must be executed on each petition. Candidates should file petitions as early as possible, and at least several days before the last date fixed for filing, so that the petitions can be examined, and if corrections, additions or alterations are found necessary, there may be time to make the required changes.
16. Be sure that all affidavits are notarized and that a notary stamp is present.

**SPECIAL ATTENTION:**

**Drawing lots for position on the ballot will be held March 19, 2025, at 12:00 p.m.  
In the Public Hearing Room of the Lehigh County Government Center.**

**EXPENSE ACCOUNT REPORTING LAW**

Candidates at the local level who do not operate with the assistance of a committee and who do not intend to receive or expend more than \$250 in a reporting period may complete the affidavit on the petition which will alleviate the necessity of filing pre and post election reports. Candidates exceeding \$250 in receipts or expenditures in a reporting period or who operate with the assistance of a committee will be required to file pre and post election reports.

Only one waiver of expense account report affidavit needs to be filed per candidate for a specific race. For example, if you are cross filing for school director, only one is needed. If you are running for school director **AND** district judge, you will need two.

Postmarks will be acceptable as proof of timely filing of campaign expense information where information is postmarked no later than the day prior to the filing deadline.  
(See filing deadlines on calendar)

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**PLEASE NOTE** - Filing fees for petitions filed with the Election Board of Lehigh County must be paid by cash, certified check, or money order, payable to the County of Lehigh, in the office of The Fiscal Department, Room 119, on the first floor of the Lehigh County Government Center. Filing fees, once paid, **WILL NOT** be refunded in the event the withdrawal of a candidate, or for any reason whatsoever.

**Signatures must be procured within the legal period for securing same: and this Petition must be filed in the office of the County Board of Elections on or before the last day prescribed by law**

EACH SIGNER MAY SIGN PETITIONS FOR AS MANY CANDIDATES FOR EACH OFFICE AS HE CAN VOTE FOR, AND NO MORE

# COMMONWEALTH OF PENNSYLVANIA PETITION

## To have name of Candidate Printed upon the Official Ballot For the Primary Election

We, the undersigned, all of whom are qualified electors of \_\_\_\_\_ County and

\_\_\_\_\_ and are registered and  
(ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

Enrolled members of the \_\_\_\_\_ Party or Policy, hereby

petition the County Board of Elections of \_\_\_\_\_ County

to have the name of \_\_\_\_\_  
(TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

whose Profession, Business or Occupation is \_\_\_\_\_ Place of

Residence is \_\_\_\_\_  
(WITH STREET, NUMBER (WHERE POSSIBLE) AND ZIP CODE)

printed upon the Official Ballot of the aforesaid Party in said District, for the Municipal Primary for the year 20 \_\_\_\_\_

as a candidate for the Office of \_\_\_\_\_  
(TITLE OF OFFICE) (TERM OF OFFICE)

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

**STATEMENT OF CIRCULATOR**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below. (Underlined portion not applicable to Circulator for the office of Magisterial District Judge.)

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 \_\_\_\_\_  
County of Petition-Signers' Residence

2 \_\_\_\_\_  
Printed Name of Circulator

3 \_\_\_\_\_  
Signature of Circulator

4 \_\_\_\_\_  
Number and Street Address of Circulator

5 \_\_\_\_\_  
City, Borough or Twp.                      Zip Code

**NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.**

**CANDIDATE'S  
AFFIDAVIT**

**LEHIGH COUNTY  
BOARD OF ELECTIONS  
17 S. 7th St.  
Allentown, PA 18101**

OFFICE USE ONLY

Type or Print Firmly in Ink

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name or Initial Suffix

Residential Address: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Municipality (City, Boro, or Township): \_\_\_\_\_

Mailing Address (if different from residential): \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Voting Precinct Name (including Ward & Division, if applicable): \_\_\_\_\_

Office for which you are seeking nomination: \_\_\_\_\_ District Number (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Name as it is to appear on the Ballot: \_\_\_\_\_

**CANDIDATE AFFIDAVIT** - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, that I 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 I am 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 unless I am a candidate for the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

I swear (or affirm) to the above part(s) as required  
by the law(s) applicable to the office I am seeking.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Candidate

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

SEAL

\_\_\_\_\_  
City, Borough or Township

OFFICE USE ONLY

\$ \_\_\_\_\_  
AMOUNT RECEIVED

\_\_\_\_\_  
OFFICE

\_\_\_\_\_  
DISTRICT

\_\_\_\_\_  
POLITICAL  
PARTY

\_\_\_\_\_  
NUMBER OF  
PETITIONS

COMMENTS: \_\_\_\_\_

CHECKER

INPUT

VERIFY

**WAIVER OF EXPENSE ACCOUNT REPORT AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA

SS:

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority in and for the 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 and Fifty Dollars (\$250.00) 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 and Fifty Dollars (\$250.00).  
(Act No. 1980-127)

Sworn (or affirmed) and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name of Candidate

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Street Address/Post Office/Zip Code

(SEAL)

\_\_\_\_\_  
City, Borough or Township

Election District of Candidate \_\_\_\_\_





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.**

**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](http://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** - Individuals 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 nomination/election.
  - 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).

**Review the filing chart for proper filing location.**

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.*

# **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) position 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, 2025, block 07 would read "2024." The information in blocks 08 through 15 should represent financial interests for the calendar year listed in Block 07.
- 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, student loans, 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 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 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 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 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** 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.

**STATEMENT OF FINANCIAL INTERESTS**  
SEE INSTRUCTION FOR ADDITIONAL DETAILS

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

02	<b>ADDRESS office (business or governmental) or home</b>	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	<b>STATUS</b> Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)						<input type="checkbox"/> <b>Check this box if you are amending an original filing</b>
	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)				

04	<b>PUBLIC POSITION OR PUBLIC OFFICE</b> (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"/>			

05	<b>GOVERNMENTAL ENTITY</b> 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"/>

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4)	07 <b>YEAR SEE INSTRUCTIONS.</b> Information in blocks 8 -15 represents disclosure for the calendar year listed here: <input style="width:50px;" type="text" value="20"/>
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08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.**

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

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name: <input type="text"/> Address: <input type="text"/>	

11 <b>GIFTS</b> (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	<b>Value of Gift</b>
Source of Gift <input type="text"/>	<input type="text"/>
Address of Source of Gift <input type="text"/>	Circumstances (including description) of Gift <input type="text"/>

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	<b>Value</b>
Source (Name and Address) <input type="text"/>	<input type="text"/>

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	<b>Position Held</b> (i.e., officer, director, employee, etc.)
Business Entity (Name and Address) <input type="text"/>	
Name: <input type="text"/> Address: <input type="text"/>	

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	<b>Interest Held</b> (i.e., 5%, 10%, etc.)
Name and Address of Business <input type="text"/>	

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) <b>If NONE, check this box.</b> <input type="checkbox"/>	<b>Interest Held Relationship Date Transferred</b>
Business (Name and Address) <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
<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>	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	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.
Unannounced Write-in Winners of Nominations			
Unannounced Write-in Winners of Elections			
<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>	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>	<b>State Ethics Commission</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 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 <b>each</b> entity as required)	
<b>Constables / Deputy Constables</b>	<b>State Ethics Commission</b>	No additional copy required	
<b>D. STATUS BLOCK D - PUBLIC EMPLOYEE</b> 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		
<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 <b>each</b> entity as required)	

\* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.