

**2015**  
**CODE OF CONDUCT**  
**STATEMENT OF FINANCIAL INTEREST**  
**FOR 2014 FILING YEAR**

**THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.**

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LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
NAME OF AGENCY, BOARD OR COMMISSION \_\_\_\_\_

**POLICY**

**1. *Statements of Financial Interest.*** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. *Additional Filings.*** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement by May 1 of each year thereafter for the duration of their employment or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).** Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only of the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8½ X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction.**

Name of Board or Commission \_\_\_\_\_  
 Principal Occupation or Profession \_\_\_\_\_  
 Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
 (xxx) xxx-xxxx (xxx) xxx-xxxx

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed \_\_\_\_\_  
 Position Title \_\_\_\_\_  
 Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_  
 (xxx) xxx-xxxx

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies) \_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances \_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

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Nature and dollar value of interest(s), including any liens, encumbrances, etc.

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*Transfers:*

Nature/description of transferred interest(s)

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Name/address of person(s)/entity(ies) to whom transferred

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**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

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Manner in which debt/liability was secured

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Amount of debt(s)/liability(ies) and terms of payment

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**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s)/entity(ies), for whom service(s) were, are or will be rendered

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Title/description of service(s)

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Period(s) of time during which services were, are or will be rendered

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Total amount of monies, compensation, consideration received

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**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s) \_\_\_\_\_

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest \_\_\_\_\_

*Acquisition:*

Date(s) acquired \_\_\_\_\_

Name/address of person(s)/entity(ies) from whom acquired \_\_\_\_\_

Manner of transfer or conveyance (Purchase, inheritance, etc.) \_\_\_\_\_

*Transfers:*

Name, nature/description and mailing address of property interest(s) \_\_\_\_\_

Consideration or amount received (Dollar value or payment in kind) \_\_\_\_\_

Name and address of person(s)/entity(ies) to whom transferred \_\_\_\_\_

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds \_\_\_\_\_

Nature/description of payments or proceeds (ATTACH COPIES) \_\_\_\_\_

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt, received during the preceding calendar year. For purposes of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

Name/address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received \_\_\_\_\_

Nature and value of gift(s) \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE