

Statement of Financial Interest

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF SIGNATURE OR DATE IS MISSING - SIGN THE FORM USING THE CURRENT DATE - DO NOT BACK DATE SIGNATURE MAKE A COPY FOR YOUR RECORDS AND ADDITIONAL FILINGS WHERE REQUIRED

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 governmental body

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. Also, **review the filing chart (Page 4) for proper filing location.** Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. 1101 et seq

Please check here ☐ Yes I have read the terms
if you've read and
understand the
above.*

Are you
ammending a prior
filing?*

No

01-Name

Last* (?) Foxhoven First* (?) Daryl

Middle

Suffix

02-Address

Work/Home* (?) 221 Cliff Ln
Street Address

Address Line 2
Elizabethtown Pa
City State
17022
Postal / Zip Code

(?)
Phone 7177888888

03-05 Public Position or Public Office and Governmental Entity in which you
are/were an Official, Employee, Candidate or Nominee

Status	State or Local	County	Municipality	Position	State Agency
<input type="text" value="Candidate"/> <input type="button" value="v"/>	<input type="text" value="State"/> <input type="button" value="v"/>			<input type="text"/>	<input type="text" value="Governor'"/> <input type="button" value="v"/>

[Add](#)

Occupation or Profession *[Add](#)

06-Year**Year *** [\(?\)](#)

07-Real Estate Interests**Real Estate** [\(?\)](#)☐ If NONE, check this box.

Address

Street Address

Address Line 2

City

State

Postal / Zip Code

[Add](#)

08-Creditors

Creditor (Name and Address)

Creditors [\(?\)](#)☐ If NONE, check this box.

Creditors List**Name****Address****Interest
Rate**

[Add](#)

09-Direct or Indirect sources of income

Direct or Indirect ☐ If NONE, check this box.
source of income

[\(?\)](#)

Sources of Income List

Name**Address**[Add](#)

10-Gifts

Gifts [\(?\)](#) ☐ If NONE, check this box.

Souces of Gifts List

Source of Gift**Address of Source of
Gift** [\(?\)](#)**Value of
Gift****Circumstances (including
description) of Gift**[Add](#)

11-Transportation, Lodging, Hospitality

**Transportation,
Lodging,
Hospitality** [\(?\)](#) ☐ If NONE, check this box.

Source List

Source Name**Source Address** [\(?\)](#)**Value**

[Add](#)

12-Office, Directorship, or Employment in any business for profit

Office, ☐ If NONE, check this box.
Directorship, or
Employment in
any business in
Profit [\(?\)](#)

List

Name	Address (?)	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add](#)

13-Financial Interest in any Legal Entity in Business for Profit

Financial Interest ☐ If NONE, check this box.
in any Legal Entity
in Business for
Profit [\(?\)](#)

List

Name	Address (?)	Interest Held
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add](#)

14-Business Interests Transferred to Immediate Family Member

Business Interest ☐ If NONE, check this box.
Transferred to
Immediate Family
Member [\(?\)](#)

Business Name	Business Address (?)	Transferee Name	Transferee Address	Interest Held	Relationship	Date Transferred
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Business Name	Business Address (?)	Transferee Name	Transferee Address	Interest Held	Relationship	Date Transferred
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add](#)

Confirmation *

The undersigned hereby affirms that the foregoing information is true and correct to the best of the 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).

☐ Agree

[Print](#)

☐ Save unfinished form to complete later

[Submit](#)

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