

45-HR3
STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
DENLINGER GORDON R

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
2121 MAIN STREET HARRVON PA 17555 (717) 445-9978

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current)
B Nominee C Public Official (Former) D Public Employee (Former)
Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A STATE REPRESENTATIVE seeking hold held
B ALTERNATE DELEGATE TO NAT CONV

05 GOVERNMENTAL ENTITY 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 DISTRICT 99 LANCASTER COUNTY
B 16TH CONGRESSIONAL DISTRICT

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.
STATE REPRESENTATIVE / CPA 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.
Creditor Interest Rate
DISCOVER PLATINUM CARD 13.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.
Name Address
COMMONWEALTH OF PA HARRISBURG, PA
TAX AND ACCOUNTING SERVICES HARRVON, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift
9:08

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address) Value
PHILA CONV VISITORS B 900.00

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity Position Held
GORDON DENLINGER, CPA OWNER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
Name and Address of Business Interest Held
GORDON DENLINGER, CPA 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address) Interest Held Relationship Date Transferred
Transferee (Name and Address)

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.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Gordon R Denlinger Current Date 2-9-08