

29-HR1  
**STATEMENT OF FINANCIAL INTERESTS**

PLEASE PRINT NEATLY

01 **LAST NAME** **FIRST NAME** **MI** **SUFFIX**  
HICKERNELL DAVID S

02 **STREET ADDRESS** (work or residence) **City** **State** **Zip Code** **Area Code** **Phone**  
2068 Meadow Road Mount Joy PA 17552 (717) 653-5271

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) **Check this block if you are amending an original filing**  
B Nominee C Public Official (Former) D Public Employee (Former)

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold held  
A STATE REPRESENTATIVE  
seeking hold held  
B

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 COMMONWEALTH OF PENNSYLVANIA  
B

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 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 PA State Employees Credit Union: 1 Credit Union Place, Harrisburg, PA 17110 Interest Rate 5.99%  
American Education Services: P.O. Box 2461, Harrisburg, PA 17105 8.50%

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) **ONLY IF NONE, check this block.** (OFFICIAL USE ONLY)  
Name Address  
Commonwealth of Pennsylvania Main Capitol Bldg. Harrisburg, PA 17120  
Ameriprise Financial 10 Ameriprise Center, Minneapolis, MN 55474

11 **GIFTS** (See instructions on page 2) If **NONE**, check this box.   
Source of Gift  
Address of Source of Gift  
Circumstances (including description of gift)  
STATE ETHICS COMMISSION  
2008 FEB -4 A 10 45

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) If **NONE**, check this box.   
Source (Name and Address) Value

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

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

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

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 David Hickernell Current Date 2/2/08