

22-HR3  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01 LAST NAME **STURLA** FIRST NAME **MIKE** MI SUFFIX

02 STREET ADDRESS (work or residence) **931 W. WALNUT ST.** City **LANCASTER** State **PA** Zip Code **17603** Area Code **(717)** Phone **397-4937**

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) B  Nominee  
C  Public Official (Current) D  Public Employee (Current)  
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.)  
A **STATE REPRESENTATIVE**  seeking  hold held  
B **BOARD MEMBER**  seeking  hold held

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 **PA HOUSE OF REPRESENTATIVES**  
B **PA WORKFORCE INVESTMENT BOARD**

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **STATE REPRESENTATIVE**  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **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 **GMAC** Interest Rate **6.5%**  
**WELLS FARGO** **6.875%**

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  
Name **PA HOUSE OF REPRESENTATIVES** Address **HARRISBURG, PA**  
**INVESTMENT PROPERTIES** **202, 204, 206 W. CHESTNUT ST., LANCASTER, PA**

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift \_\_\_\_\_ Value of Gift **12:26**  
Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  
Source (Name and Address) **PHILA. CONV. & VISITORS** Value **782.00**

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 **P.M. del Sturla** Current Date **2.7.08**