

44-HR2
STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** FIRST NAME MI SUFFIX
TRUE KATIE

02 **STREET ADDRESS** (work or residence) City State Zip Code Area Code Phone
2962 KINGS LANE LANCASTER PA 17601 (717) 898-7710

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 STATE REPRESENTATIVE

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 HIST LEGISLATIVE DISTRICT
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 **PAGE TWO**
GMAC, PO BOX 12699, GLENDALE, AZ 85318-2699 **SEE ATTACHED**
Interest Rate

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
HOUSE OF REPRESENTATIVES MAIN CAPITOL, HARRISBURG, 17120

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)
2008 FEB - 8 P 12:38
STATE ETHICS COMMISSION

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
LANCASTER DESIGN/BUILD, 2962 KINGS LANE, LANCASTER, PA 17601 **COSIGNATORY**
LINE OF CREDIT

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 Katie True Current Date 2-8-08

Katie True
2962 Kings Lane
Lancaster, PA 17601

TO: STATE ETHICS COMMISSION

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PAGE TWO

RE: BLOCK 09 – CREDITORS/INTEREST RATE

My personal car is leased from GMAC, as shown on the attached Statement. Nowhere in my lease agreement does it show or indicate an interest rate; it only shows the amount of the lease and the monthly payment.

STATE ETHICS
COMMISSION

2008 FEB - 8 P 12: 38