

53-SN1

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
Armstrong Gibson E

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
20 Refton Rd Refton PA 17508 (717) 780-7802  
COUNTY OF RESIDENCE

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 here if this is an amended form  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are seeking hold held  
A PA Senator  
B SERS Board Member, Tobacco Settlement Bd. Member

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)  
A Strasburg Twp.  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information below represents financial interests for the PRIOR year.  
State Senator 2006

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

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2). If NONE, check this box.  (OFFICIAL USE ONLY)  
Name Address  
PA Senate -- Harrisburg, PA Farm -- Refton, PA Savoy Partners, Elizabethton  
ARMACS -- At Joy, PA Historic Hamilton Lancaster, PA  
ACF -- Richmond, VA Sunlife -- Lancaster, PA Rental Cottage -- Wrightsville

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Address of Source of Gift Reason for Gift Value of Gift

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

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
ACF - Partner Anmac - Partner Historic Hamilton - Officer  
Savoy - Partner Milestone Mgr + Providers - Partner

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) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said persons 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 Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Signature] Date 4/25/07

THIS FORM IS CONSIDERED DEFICIENT IF ALL BLOCKS ABOVE ARE NOT COMPLETED.

RECEIVED  
APR 26 2007  
PA STATE ETHICS COMMISSION  
A 10:59