

58-HR5

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 NARVON, PA 17555 (717) 445-9978  
COUNTY OF RESIDENCE LANCASTER

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 STATE REPRESENTATIVE  
B STATE REPRESENTATIVE

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 99TH LEGISLATIVE DISTRICT  
B 99TH LEGISLATIVE DISTRICT

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 LEGISLATOR/ACCOUNTANT 2005

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  
COMMONWEALTH OF PENNSYLVANIA HARRISBURG, PA

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

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  
PROVISION OF TAX AND ACCOUNTING SERVICES ACCOUNTANT

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 Relationship Date Transferred  
Transferee (Name and Address)

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

Signature [Signature] Date 3-6-06

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