

05-SN1
STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
FOLMER **Michael** **J**

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
913 North 8th Street Lebanon PA 17046 (717) 273-7170
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 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 (member, Commissioner, job title, etc.) you are seeking hold held
A **STATE SENATOR**
seeking hold held
B

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 **SENATE OF PENNSYLVANIA**
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.
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 **SENATE OF PENNSYLVANIA** Address **OFFICE OF CLERK AND CLERK**
HEMLOCK SERVICE **PO BOX 741 HARRISBURG PA 17104**
2031 EAST PENN AVE LEBANON PA 17042

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
Vice President of Folmer Fruit Farm **UNPAID POSITION**

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 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 **[Signature]** Date **2/1/07**

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