

87-HR2
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**
COUNTY OF RESIDENCE **LANCASTER**

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you are amending an original filing
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current)
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** 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 **96TH LEGISLATIVE DISTRICT**
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **STATE REPRESENTATIVE** 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. Interest Rate
Creditor **PSBCU** **SOVEREIGN** **9.9%**
AT&T UNIVERSAL **3.9%**
CHASE **6.9%**

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

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

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 **P. M. Sturla** Date **4.30.07**

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