

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) 898-7110
 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) Public Employee (Former)
 B Nominee C Public Official (Former) D Public Employee (Former)
 Check here if this is an amended form

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are seeking hold held
 A MEMBER STATE HOUSE OF REPRESENTEN seeking hold held
 B MEMBER STATE HOUSE OF REPRESENTEN

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 41ST LEGIS DISTRICT
 B 41ST LEGIS 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.
 MEMBER STATE HOUSE OF REPRESENTATIVES 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.
 ① Creditor BANK CARD SERVICES, PO BOX 15026, WILMINGTON, DE 19810 Interest Rate 15.99
 ② MBNA AMERICA, PO BOX 15026, WILMINGTON, DE 19810 9.0
 ③ CARD SERVICES, PO BOX 697, DAYTON, OH 45401

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.
 Name Address
 COMMONWEALTH OF PENNA. FINANCE BUILDING, HARRISBURG, PA
 2006 MAR - 6 A 8:55
 STATE ETHICS COMMISSION

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)

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 CREDIT LINE, BANK OF LANCASTER COUNT

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 Katie True Date 3-5-06

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