

PLEASE PRINT NEATLY

01 LAST NAME Veon FIRST NAME Michael MI R SUFFIX

02 STREET ADDRESS (work or residence) 4406 West Seventh Avenue City Beaver Falls State PA. Zip Code 15010 Area Code (724) Phone 891-6280  
COUNTY OF RESIDENCE Beaver County

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 DIRECTOR 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 PA STATE EMPLOYEES' RETIREMENT SYST.  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) State Representatives 07 YEAR The information below represents financial interests for the PRIOR year. 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 Harley Davidson Credit, 155 S. LaSalle, Dept. 8529, Chicago, IL, 60674-8529 7,590  
Ky Bank, P.O. Box 94722, Cleveland, Ohio, 44101-4722 10,000.00  
First Mutual Bank, P.O. Box 1647, Bellevue, WA. 98009-1647 8,990  
VISA/BANK OF AMERICA, P.O. Box 1758, Newark, NJ, 07101-1758 17,2490

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, Comm. of PA., Main Capitol Bldg, Harrisburg, PA Address

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.  Value  
Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity PA STATE EMPLOYEES' RETIREMENT SYSTEM Director  
Beaver Initiative for Growth Co-Chair

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  
Transferee (Name and Address) 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.A. §4904 (Perjury/Falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Signature] Date 3-1-06

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

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
Veon Michael R

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
4406 West Seventh Avenue, Beaver Falls, PA 15010 (724) 891-6280  
COUNTY OF RESIDENCE Beaver County

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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 Representative in General Assembly  
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 PA House of Representatives  
B 14th State 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 Representative 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 Harley Davidson Credit, 135 S. LaSalle, Dept. 8529, Chicago, IL 60674-8529 7,590  
Key Bank, P.O. 94722, Cleveland, Ohio, 44101-4722 10,999.00  
First Mutual Bank, P.O. Box 1647, Bellevue, WA 98009-1647 8,940  
VISA/Bank of America, P.O. Box 175B, Newark, N.J. 07101-175B 17,247.00

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. House of Representatives, Commonwealth of PA, Main Capitol Bldg, 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  
2005  
11/10  
-3  
A 11:25

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 PA. STATE EMPLOYEES' RETIREMENT SYSTEM Director  
Beaver Initiative for Growth Co-Chair

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  
Transferee (Name and Address) Relationship  
Date Transferred

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Signature  Date 3-1-06

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STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME **Veon** FIRST NAME **Michael** MI **R** SUFFIX

02 STREET ADDRESS (work or residence) **4406 West Seventh Avenue, Beaver Falls** City **Beaver Falls** State **PA** Zip Code **15010** Area Code **(724)** Phone **891-6280**  
COUNTY OF RESIDENCE **Beaver County**

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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 **Representative in Gen. Assembly**  
B  **seeking**  **hold**  **held**

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 **PA House of Representatives**  
B **14th State Legislative District**

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. **2005**

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09 CREDITORS (See instructions on page 2) If NONE, check this box.   
Creditor **Peiley Davidson Credit, 135 S. LaSalle, Dept. 8529, Chicago, IL, 60674-8529** **7,590**  
**Kay Bank, P.O. Box 94722, Cleveland, Ohio 44101-4722** **10,999.00**  
**First Mutual Bank, P.O. Box 1647, Baltimore, Md., 98009-1647** **899.00**  
**VISA/Bank of America, P.O. Box 1758, Newark, NJ, 07101-1758** **17,249.00**

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.   
Name **PA House of Representatives, Comm. of PA, Main Capitol Bldg, Harrisburg, PA** Address **Harrisburg, PA** (OFFICIAL USE ONLY)

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 \_\_\_\_\_

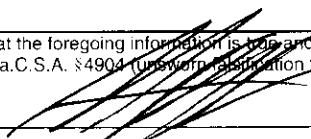
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity **PA STATE EMPLOYEES RETIREMENT SYSTEM** **BEAVER INITIATIVE for Growth** **Co-Chair**

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 \_\_\_\_\_

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Date Transferred \_\_\_\_\_

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