



# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 05/28/15

REQUEST SUBMITTED BY:       E-MAIL       U.S. MAIL       FAX       IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Berwick Township Board of Supervisors,  
85 Municipal Road, Hanover, PA 17331

NAME OF REQUESTER: Jen Smith

STREET ADDRESS: 745 Abbottstown Pike

CITY/STATE/COUNTY/ZIP(Required): Abbottstown, PA, Adams 17301

TELEPHONE (Optional): 717-632-5566      EMAIL (optional): dressagelady76@yahoo.com

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

Any Statement(s) of Financial Interest filed by Peter Socks in the calendar year 2015, related to his candidacy for Berwick Township Supervisor. Please provide as a PDF.

- DO YOU WANT COPIES?  YES  NO
- DO YOU WANT TO INSPECT THE RECORDS?  YES  NO
- DO YOU WANT CERTIFIED COPIES OF RECORDS?  YES  NO
- DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100?  YES  NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

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### FOR AGENCY USE ONLY

**OPEN-RECORDS OFFICER:**

I have provided notice to appropriate third parties and given them an opportunity to object to this request

**DATE RECEIVED BY THE AGENCY:**

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:**

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: S O C K S FIRST NAME: P E T E R MI: L SUFFIX: J R

02 ADDRESS office (business or governmental) or home: 20 RACE TRACK RO. City: HANOVER State: PA Zip Code: 17331 Area Code: (717) Phone: 627-1212

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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) E  Check this block if you are filing as a solicitor  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 (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SUPERVISOR

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A BERWICK TOWNSHIP

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) QC TECH

07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. 2014

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: RA SHEPARD CO INC Address: 101 PHILADELPHIA ST HANOVER PA 17331

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Address of Source of Gift \_\_\_\_\_ Circumstances (including description) 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 (Name and Address) \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ 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) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_ Interest Held Relationship Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Signature] Enter Current Date: 2-27-15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.