

59-HR1  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01	LAST NAME <b>BAKER</b>	FIRST NAME <b>MATTHEW</b>	MI <b>E</b>	SUFFIX
02	ADDRESS office (business or governmental) or home <b>74 MAIN ST WELLSBORO PA 16901</b>		Area Code <b>570</b>	
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)			
<div style="display: flex; justify-content: space-between;"><div><b>A</b> <input checked="" type="checkbox"/> Candidate (including write-in)</div><div><b>C</b> <input checked="" type="checkbox"/> Public Official (Current)</div><div><b>D</b> <input type="checkbox"/> Public Employee (Current)</div><div><b>E</b> <input type="checkbox"/> Check this block if you are amending an original filing</div></div> <div style="display: flex; justify-content: space-between;"><div><b>B</b> <input type="checkbox"/> Nominee</div><div><b>C</b> <input type="checkbox"/> Public Official (Former)</div><div><b>D</b> <input type="checkbox"/> Public Employee (Former)</div><div><input type="checkbox"/> Check this block if you are filing as a solicitor</div></div>				
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A	<b>REPRESENTATIVE IN GENERAL ASSEMBLY</b>			
B	<b>PASSHE BOARD OF GOVERNORS</b>			
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	<b>68th LEGISLATIVE DISTRICT</b>			
B	<b>STATE SYSTEM OF HIGHER EDUCATION</b>			
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <b>STATE REPRESENTATIVE</b>		07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. <b>2015</b>	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: _____ Address: _____		If NONE, check this box. <input checked="" type="checkbox"/> Address: _____	
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: <b>PA. HOUSE OF REP'S</b> <b>CITIZENS NATIONAL BANK (INTEREST)</b> Address: <b>MAIN ST. WELLSBORO, PA. 16901</b>		OFFICIAL USE ONLY 2016 FEB 8 AM 11 11 STATE ETHICS COMMISSION	
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift _____		Value of Gift _____	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) _____		Value _____	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Business Entity (Name and Address) Name: <b>PA. SSHE BOARD OF GOVERNORS</b> Address: <b>DIXON CENTER HARRISBURG, PA.</b>		Position Held <b>BOARD MEMBER</b>	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. § 904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

*Matthew E. Baker*

Enter Current Date

**2-3-16**

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