

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	H A R R I S O N	L E E	H	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	3031 Hartswood Road	Allison Park	PA	15101	(412)	6243332

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	<input type="checkbox"/> Candidate (including write-in)	C	<input checked="" type="checkbox"/> Public Official (Current)	D	<input type="checkbox"/> Public Employee (Current)	E	<input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/>	Check this block if you are amending an original filing
B	<input type="checkbox"/> Nominee	C	<input type="checkbox"/> Public Official (Former)	D	<input type="checkbox"/> Public Employee (Former)				

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) seeking hold held

A C H A I R

seeking hold held

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 A L L E G H E N Y C O U N T Y B O A R D O F

B H E A L T H

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Professor/Physician	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 8
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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) Name: Capital One Express American Express, BMW	If NONE, check this box. <input type="checkbox"/> Address: USSA Federal Savings Bank	Interest Rate
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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. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name: University of Pittsburgh, UPMC Self-Employed Consultant	Address: A530 Crabtree, 130 DeSoto St Pittsburgh, PA 15261

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

Source of Gift	Value 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
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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 (i.e., officer, director, employee, etc.)
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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 (i.e., 5%, 10%, etc.)
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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
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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. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature _____ Enter Current Date 4-19-2018

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

RECEIVED
OFFICE OF THE
COUNTY MANAGER
MAY -1 PM 2:15