

73-HR2

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Yeon FIRST NAME Mike MI  SUFFIX

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

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 Representative in General Assembly  
B DIRECTOR

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 PA State Employees Retirement System

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

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

09 CREDITORS (See instructions on page 2) Creditor Walter Downtown Credit, 4805 So. La Salle, Dept. 9529, Chicago, IL 60674-9529 Interest Rate 7.5%  
Key Bank, P.O. Box 94782, Cleveland, Ohio, 44101-4722 10.99%  
First Mutual Bank, P.O. Box 1647, Bellevue, WA. 98009-1647 8.9%  
VISA/ Bank of America, P.O. Box 1758, Newark, N.J. 07101-1758 17.24%

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

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift  Value of Gift 8.50  
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 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. § 904 (perjury/falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Signature] Date 3/6/2006

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