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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE COUNCIL OF TRUSTEES OF CLARION UNIVERSITY  
OF PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

June 11, 2013

To the Honorable, the Senate  
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent of the Senate, Susanne A. Burns, PO Box 626, Clarion 16214, Clarion County, Twenty-first Senatorial District, for reappointment as a member of the Council of Trustees of Clarion University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until her successor is appointed and qualified.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT  
Governor

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME										FIRST NAME										MI		SUFFIX									
BURNS										SUSANNE										A											
02 ADDRESS (work or home)										City										State		Zip Code		Area Code		Phone					
21576 Route 66										SHIPPENVILLE										PA		16214		814		326-6450					
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)																															
<table border="0" style="width:100%"><tr><td>A <input type="checkbox"/> Candidate (including write-in)</td><td>C <input checked="" type="checkbox"/> Public Official (Current)</td><td>D <input type="checkbox"/> Public Employee (Current)</td><td>E <input type="checkbox"/> Check this block if you are filing as a solicitor</td><td><input type="checkbox"/> Check this block if you are amending an original filing</td></tr><tr><td>B <input checked="" type="checkbox"/> Nominee</td><td>C <input type="checkbox"/> Public Official (Former)</td><td>D <input type="checkbox"/> Public Employee (Former)</td><td colspan="2"></td></tr></table>																						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 checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		
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 checked="" 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.) <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held																															
A COUNCIL OF TRUSTEES																															
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 CLARION UNIVERSITY OF PENNSYLVANIA																															
B																															
06 OCCUPATION OR PROFESSION (This may be the same as block 4)										07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:																					
Retired										2011																					
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) If NONE, check this box. <input checked="" type="checkbox"/>																															
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. <input type="checkbox"/>																															
Name: BURNS & BURNS ASSOC INC Address: 800 Center Main St, Clarion, PA 16214																															
CLARION CO. COMMUNITY BANK 331 Main St, Clarion, PA 16214																															
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>																															
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. <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.																															
Business Entity (Name and Address) Position Held																															
Name: Burns & Burns Assoc. Inc. Address: 800 Center Main St, Clarion, PA 16214																															
Clarion Co. Community Bank - Board of Directors Address: 331 Main St, Clarion, PA 16214																															
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>																															
Name and Address of Business Interest Held																															
BURNS & BURNS ASSOC. 800 Center Main St Clarion PA 16214 25%																															
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) Interest Held Relationship Date Transferred																															
Transferee (Name and Address)																															

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

Suzanne A. Burns

Enter Current Date

6-13-2013

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