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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

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

February 1, 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, Glenn Cannon, 2605 Interstate Drive, Harrisburg 17110, Dauphin County, Fifteenth Senatorial District, for appointment as a member of the Council of Trustees of Indiana University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until his successor is appointed and qualified, vice Colleen Kopp, Camp Hill, whose term expired.

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

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME CANNON		FIRST NAME GLENN		MI M	SUFFIX
02 ADDRESS (work or home) 2605 INTERSTATE DR. HARRISBURG PA 17110		City	State	Zip Code	Area Code Phone (717) 651-2007
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					
B <input checked="" type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this block if you are amending an original filing					
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
A DIRECTOR - PEMA <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B COUNCIL OF TRUSTEES IUP					
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 PA EMERGENCY MGT AGENCY					
B INDIANA UNIVERSITY OF PA					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) DIRECTOR - PEMA			07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2012		
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 type="checkbox"/>					Interest Rate
Name: SEE ATTACHMENT 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.					(OFFICIALS USE ONLY)
Name: SEE ATTACHMENT Address:					
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Value of Gift
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. <input checked="" type="checkbox"/>					Value
Source (Name and Address)					
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					Position Held
Business Entity (Name and Address) IRISH SOCIETY FOR EDUCATION AND CHARITY, INC.					CHAIRMAN
Name: Address: 1040 PORTLAND ST. PH. PA 15206					501 (C)(3) NON PROFIT
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					Interest Held
Name and Address of Business					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Interest Held Relationship Date Transferred
Business (Name and Address)					
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

Glenn M. Cannon

Enter Current Date

2/5/2013

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

SEC-1 CREDITORS – Attachment (#9)

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
PNC Bank	PO Box 3429, Pittsburgh, PA 15230-3429	7.99%
Community Bank NA and First Liberty Bank & Trust (all one name)	PO Box 628, Olean, New York 14760	10.74%
Riverset Credit Union	53 South 10th Street, Pittsburgh, PA 15203	6.49%
Ally Inc.	PO Box 380901, Bloomington, MN 55438	6.19%
American Express	PO Box 981535, El Paso, Texas 79998-1535	12.24%
PNC Bank	PO Box 3429, Pittsburgh, PA 15230-3429	6.25%

SEC-1 DIRECT OR INDIRECT SOURCES OF INCOME – Attachment (#10)

<u>Income Name</u>	<u>Address</u>
PA Emergency Management Agency	2605 Interstate Drive, Harrisburg, PA 17110

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SENATE OF PA
STATE ETHICS
COMMISSION
3:54