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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE PUBLIC EMPLOYEE RETIREMENT COMMISSION

May 8, 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, John T. Durbin, 12 Emlyn Lane, Mechanicsburg 17055, Cumberland County, Thirty-first Senatorial District, for appointment as a member of the Public Employee Retirement Commission, to serve until October 27, 2016, and until his successor is appointed and qualified, vice The Honorable A. Carville Foster, Jr., Seven Valleys, 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 FIRST NAME MI SUFFIX  
DUBIN J T

02 ADDRESS (work or home) City State Zip Code Area Code Phone  
12 EMLYN LN. Mech. PA 17055 (717) 697-8300

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 ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this block if you are amending an original filing  
B ☒ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held  
A CUMBERLAND CO. CCIDA MEMBER  
B Member

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 CUMBERLAND CO. CCIDA  
B Public Employee Retirement Comm

06 OCCUPATION OR PROFESSION (This may be the same as block 4) CONSULTANT  
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. ☒ NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☒  
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. ☐  
Name: BUCHANAN DEBAGUE & ROSEY Address: 402 N. Second St, Hbg. PA 17011  
DUBIN ASSOCIATES INC. 12 EMLYN LANE, Mech. PA 17055

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒  
Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of 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 (Name and Address): Name: DUBIN ASSOCIATES INC. Address: 12 EMLYN LANE, Mech. PA 17055

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: DUBIN ASSOCIATES INC. See #13

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

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: J. T. Dubin Enter Current Date: 5/13/13

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