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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE STATE BOARD OF OPTOMETRY

February 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, Davis Haire, OD, 424 Kenmar Drive, Meshoppen 18630, Wyoming County, Twentieth Senatorial District, for appointment as a member of the State Board of Optometry, to serve for a term of four years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Edward Savarno, Charleroi, 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  
Haire Davis C OD

02 ADDRESS (work or home) City State Zip Code Area Code Phone  
424 KeaMar Drive Meshoppen Pa 18630 (570) 335-4647

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 filing as a solicitor

B ☒ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

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

A Member

☐ 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 State Board of Optometry

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Optometrist

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

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) If NONE, check this box. ☐

Name: First National Bank of Pa

Address: One F.N.B. Boulevard

Hermitage, Pa 16148

Interest Rate

6.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box. ☐

Name: Davis C. Haire, D.D.

Address: 10 Trible Dr, Tunkhannock, Pa 18657

Haire Family Partnership

33 Davis Rd, Le Raysville, Pa 18829

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address)

Also see #14

Name: Davis C. Haire, D.D.

Address: 10 Trible Dr, Tunkhannock, Pa 18657

Position Held

Optometrist

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

① Also see #13

33 DAVIS RD, Le Raysville Pa

18829

Interest Held

① 100%

② Haire Family Partnership (Position Held: Partner)

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)

None

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

Davis C. Haire D.D.

Enter Current Date

2/25/13

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

# Additional Information

49. a) Univest Capital Inc.

3325 Street Road  
Suite 325  
2 Greenwood Square  
Bensalem, Pa 19020-8523

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SENATE OF PA  
SECRETARY'S OFFICE

b) Discover Card

Discover 21.24%  
P.O. Box 71084  
Charlotte, N.C. 28272-1084

c) Chase

Chase 15.24%  
P.O. Box 15153  
Wilmington, DE 19886-5153

10 a) Geisinger Clinic

100 North Academy Drive  
Danville, Pa 17822

b) Dr. Sachin Patel

210 North State Street  
Clarks Summit, Pa 18411

c) Cabot Oil & Gas

Cabot Oil & Gas  
900 Lee Street East  
Suite 1500 Huntington Square  
Charleston, West Virginia 25301

NOISSIWWO3  
COMMISSION  
STATE ETHICS

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d) S.B.A. Communications

5900 Broken Sound Parkway NW  
Boca Raton, FL 33487-2797