RECEIVED

2013 MAY 31 PM 4: 12



HARRISBURG

SENATE OF PA SECRETARY'S OFFICE

THE GOVERNOR

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

May 31, 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, Patrick Henderson, 5828 Simsbury Drive, Harrisburg 17111, Dauphin County, Fifteenth Senatorial District, for appointment as a member of the Council of Trustees of Mansfield 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 Harold Smith, Troy, whose term expired.

TOM CORBETT Governor

STATEMENT OF FINANCIAL INTERESTS

DI EASE DOINT NEATI V

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE	PRINT NEATLY
01 LAST NAME	FIRST NAME MI SUFFIX
Henderson	Maltic 14 D
02 ADDRESS (work or home) City	State Zip Code Area Code Phone
238 Main Capital Bld, Harrisby PA 17	3063
	IAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marke	Check this
A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	if you are filing are amending
	as a solition
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	
* ENERGY Execution	
_ [☑ seeking ☐ hold ☐ held
B. Mansfielle Vnive	Irst ty Trvstee
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A Department of E	Environmental Proto
B Mansfield Unive	rsity Trustees
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
Energy Exerctive	the RioRoalendar year indicated:
18 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	DOX. 🛛
, , , , , , , , , , , , , , , , , , ,	ည်း ကို ကို ကို ကို ကို ကို ကို ကို ကို ကို
9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONI	E, check this box.
Name: For d Credit Address:	E, check this box. Boy 220564 Interest Rate
	Box 220564 Gillinterestrate Pitzbunh PA 15257 BP/06 (av)onn
0 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	
Name: Dept - of Environmental Protection Address:	HUD Market Street
· ·	Hamsbun PA 17101
1 GIFTS (See instructions on page 2) If NONE, check this box.	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Circumstances
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)	NONE, check this box.
Source (Name and Address)	
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	PRO OR POSTO 2) IS NONE should this how I'd
Business Entity (Name and Address)	ons on page 2) If NONE, check this box.
Name: Address:	<u> </u>
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	e instructions on page 2) If NONE, check this box.
	merest rieu
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se	45 · · · · · · · · · · · · · · · · · · ·
Business (Name and Address) Transferee (Name and Address)	Interest Held Relationship Date Transferred
	Date Transferred est of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act 65 Pa.C. S. \$4100(b)
and the personal process of the personal resolution to authorities) and the	
Signature CONSIDERED PERSONAL IF ANY PLACE AT ANY	Enter Current Date 3013
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	/E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.