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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF BARBER EXAMINERS

March 5, 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, Vincent Iacono, 391 Tri Hill Road, York 17403, York County, Twenty-eighth Senatorial District, for appointment as a member of the State Board of Barber Examiners, to serve for a term of three years and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Robert Vavro, Pittsburgh, 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 <u>IACONO</u>	FIRST NAME <u>VINCENT</u>	MI <u>✓</u>	SUFFIX										
02	ADDRESS (work or home) <u>391 TRI HILL RD YORK PA 17403 (717) 846 6315</u>													
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 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></td><td></td></tr></table>					A <input type="checkbox"/> Candidate (including write-in)	C <input 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)		
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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 type="checkbox"/> hold <input type="checkbox"/> held <u>MEMBER</u>													
A	<u>STATE BOARD OF BARBER EXAMINERS</u>													
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	<u>STATE BOARD OF BARBER EXAMINERS</u>													
B														
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <u>BARBER TEACHER PA.</u>		07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>2012</u> calendar year indicated:											
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"/>		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"/>		(OFFICIAL USE ONLY)											
Name: <u>IACONO BARBER Studio</u>		Address: <u>2030 S. QUEEN ST. YORK PA 17403</u>												
<u>appt. Bldg. - 2 units</u>		<u>119 HIGHLAND AVE YORK PA 17403</u>												
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value of Gift											
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.													
Business Entity (Name and Address)														
Name: <u>Sec # 14</u> Address: <u>Sec # 14</u>														
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														
<u>IACONO HAIR STUDIO Address in H10</u>														
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)														

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 Vincent IaconoEnter Current Date 3-7-13

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