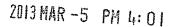
RECEIVED





COMMONWEALTH OF PENNSYLVANIA Office of the Governor HARRISBURG

SENATE OF PA SECRETARY'S OFFICE

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, Twentyeighth 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.

TOM CORBETT

Governor

## STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME	MI SUFFIX
02 ADDRESS (work or home) City	State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECU	PITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
NOTE: IT TOO AIL INCLUDING AT TACHMENTO, DO NOT INCLUDED ANY THAT BEAR OF TOO COOK SEC.	
O3 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)  B Nominee C Public Official (Former) D Public Employee (Former)	if you are filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) we seeking	hold held MEMBITE
ASTATE BOARD OF BARBR	EXAMINELLS
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.)	
ASTATE BOARD OF BARBER	e Examiners
В	
	locks 8 through 15 below represents financial interests for
BARBER TEACHER PA. the BORDE BORDE	r 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.	7
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, (OFFICIAL USE ONLY)
	check this block.
Name: /A(') 14 (/ ) 17 (/ 1) E (/ ) (V Address: 2 0 3 0 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6/P1. Duldg 2-21n 175 119 H(2HLDA)	Ale 10110 NA 17403
11 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 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 to	
Business Entity (Name and Address)  Name: Sec H 14  Address: Sec H 14	Position III
Name:  Address:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NOI Name and Address of Business	77'err PO [1]
IACONO HAIR STUDIO Address in 410	Threest Held  GS 90 = POFNED
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NO	NE, check this box.
Business (Name and Address)  Transferee (Name and Address)	Interest Held Relationstip Date Transierred
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 Vineur 2, con	Enter Current Date 3-7~ /3
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.	,