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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

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

April 3, 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, The Honorable R. Lee James, 114 West Second Street, Oil City 16301, Venango County, Twenty-first Senatorial District, for reappointment as a member of the Council of Trustees of Clarion 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.

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
JAMES ROBERT L

02 ADDRESS (work or home) City State Zip Code Area Code Phone
114 West 2nd Street Oil City PA 16301 (814) 677-4896

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 STATE REPRESENTATIVE ☒ seeking ☒ hold ☐ held

B UNIVERSITY TRUSTEE ☐ seeking ☒ hold ☐ held

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 COMMONWEALTH OF PENNSYLVANIA

B CLARION UNIV. BOARD TRUSTEE

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

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. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☐

Name: FIRST UNITED NAT'L BANK Address: FRYBURG, PA. 16322

19535 Rt. 208

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: FRY FINANCIAL - 6 East First Street Address: OIL CITY, PA 16301

RENTAL INC. (residential)

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) Position Held

FRY FINANCIAL RENTAL INC. 6 EAST First Street, Oil City PA 16301 - Financial Consultant

Name: CLARION UNIV. 840 Wood Street Address: CLARION, PA 16214 TRUSTEE

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 Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address) Interest Held Relationship Date Transferred

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

Robert L. James

Enter Current Date

4-6-2013

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