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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 ACCOUNTANCY

May 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, Paul J. Kelly, III, CPA, 904 Swedesford Road, Lower Gwynedd 19002, Montgomery County, Twelfth Senatorial District, for appointment as a member of the State Board of Accountancy, to serve for a term of four years and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Dolly Lalvani, Harrisburg, whose term expired.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME KELLY		FIRST NAME PAUL		MI J	SUFFIX JR	
02 ADDRESS (work or home) 904 SWEDESFORD RD		City LOWER MERYNESS	State PA	Zip Code 19602	Area Code (215)	Phone 699-8940
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)						
<div style="display: flex; justify-content: space-between;"><div><div>A <input checked="" type="checkbox"/> Candidate (including write-in)</div><div>B <input checked="" type="checkbox"/> Nominee</div></div><div><div>C <input checked="" type="checkbox"/> Public Official (Current)</div><div>C <input type="checkbox"/> Public Official (Former)</div></div><div><div>D <input type="checkbox"/> Public Employee (Current)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div><div><div>E <input type="checkbox"/> Check this block if you are filing as a solicitor</div><div><input type="checkbox"/> Check this block if you are amending an original filing</div></div></div>						
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)						
A ELECTED AUDITOR <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held						
B MEMBER <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> 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 LOWER MERYNESS TOWNSHIP						
B BOARD OF ACCOUNTANCY						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) CERTIFIED PUBLIC ACCOUNTANT			07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated: 2012			
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 type="checkbox"/>						
<div style="display: flex;"><div>US DEPT OF EDUCATION Name: AMERICAN EDUCATIONAL SERVICES NEAREST</div><div>PO Box 530210 Atlanta, GA 30353 Address: PO Box 2461 Harrisburg, PA 17132 PO Box 2870 Omaha</div></div>						
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"/>						
<div style="display: flex;"><div>Clifton Knickerbocker LLP Name: LOWER MERYNESS TWP</div><div>6101 GUMMERSVILLE RD Address: PLYMOUTH MEETING PA SPRING HOUSE, PA</div></div>						
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
<div style="display: flex;"><div>Source of Gift</div><div>Circumstances (including description) of Gift</div><div>Value of Gift</div></div>						
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
<div style="display: flex;"><div>Source (Name and Address)</div><div>Value</div></div>						
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>						
<div style="display: flex;"><div>See #1 in Box 10 Business Entity (Name and Address) Name: FRIENDS OF THE MERYNESS ISLAND</div><div>904 SWEDESFORD RD L. Meryness PA Address: Treasurer</div></div>						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>						
<div style="display: flex;"><div>Name and Address of Business</div><div>Interest Held</div><div>Relationship</div><div>Date Transferred</div></div>						
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
<div style="display: flex;"><div>Business (Name and Address)</div><div>Transferee (Name and Address)</div></div>						

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

Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

MAKE A COPY FOR YOUR RECORDS.