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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 KUTZTOWN 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, Jim Ludlow, 7958 Woodsbluff Run, Fogelsville 18051, Lehigh County, Sixteenth Senatorial District, for appointment as a member of the Council of Trustees of Kutztown 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 Ramona D. Turpin, Reading, 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	FIRST NAME	MI	SUFFIX
	L V D N O W	W A I T O R	J	
02	ADDRESS (work or home) City State Zip Code Area Code Phone			
	7954 WOODGLIFF Run Fogelsville PA 18051 610-398-9866			
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 <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
	B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	<input type="checkbox"/> Check this block if you are amending an original filing
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			
A	member council of trustees			
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	Kutztown University			
B	council of trustees			
06	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 the PRIOR calendar year indicated:	
	manager of business		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"/>			
	Master card PO Box 96099, Charlotte NC 28296 Interest Rate 9%			
	Toyota Financial Services PO Box 17187, Baltimore MD 21297 6%			
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: Interactive Liquid LLC Address: 9999 Hamilton Blvd (marketing agency) Brownsville PA 18034			
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
	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. <input checked="" type="checkbox"/>			
	Source (Name and Address)			
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
	Business Entity (Name and Address) Position Held			
	Name: Interactive Liquid LLC Address: 9999 Hamilton Blvd Brownsville PA 18034 President			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
	Name and Address of Business Interest Held			
	Interactive Liquid LLC 9999 Hamilton Blvd Brownsville PA 18034 95%			
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
	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

Walter James Linkow

Enter Current Date

6/6/13

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