

RECEIVED



COMMONWEALTH OF PENNSYLVANIA
2013 JUN 12 PM 4:43 OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR
SENATE OF PA
SECRETARY'S OFFICE
MEMBER OF THE STATE BOARD OF CRANE OPERATORS

June 12, 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, Anthony J. Lusi, Jr., 65 Stratford Avenue, Aldan 19018, Delaware County, Twenty-sixth Senatorial District, for reappointment as a member of the State Board of Crane Operators, to serve until December 8, 2016, or until his successor is appointed and qualified, but not longer than six months beyond that period.

A handwritten signature in black ink that reads "Tom Corbett".
TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME L U S I		FIRST NAME A n t h o n y		MI J	SUFFIX J R	
02 ADDRESS (work or home) 65 STRATFORD Avenue		City Aldan	State PA.	Zip Code 19018	Area Code (610)	Phone 259-2977
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 checked="" 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 checked="" type="checkbox"/> held						
A CRANE OPERATOR BOARD-member						
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 STATE BOARD OF CRANE OPERATORS						
B						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Consultant			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. <input checked="" type="checkbox"/>						
124 West Maryland Ave - Aldan PA 19018 (rental reported in #10)						
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>						
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, 19018 (OFFICIAL USE ONLY)						
Name: KARA HASSON + Brian Santoleri (rent) 124 W. Maryland Ave Philadelphia PA 19104						
Name: LuMark Consulting LLC Address: 1 Knoll Court STRATFORD NJ 08084						
Name: Equipment Training Services Address: 1 Knoll Court STRATFORD NJ 08084						
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)						
Name: LuMark Consulting, Equip. Training Services Address: 1 Knoll Court STRATFORD NJ 08084						
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						
LuMark Consulting, Equip. Training Services Address Above						
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>						
Business (Name and Address)						
Transferee (Name and Address)						
Interest Held Relationship Date Transferred						

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

06/14/13

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