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COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR

HARRISBURG

SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

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

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, James H. Raith, 21 Abberly Road, Thornton 19373, Delaware County, Twenty-sixth Senatorial District, for appointment as a member of the Council of Trustees of Cheyney 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 Edward Tomezsko, Media, whose term expired.

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

TOM CORBETT  
Governor

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME R A I T H										FIRST NAME J A M E S										MI H		SUFFIX															
02 ADDRESS (work or home) 21 ABERLY ROAD										City THORNTON					State PA		Zip Code 19373			Area Code 610		Phone 637-1471															
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 checked="" 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 B O A R D O F T R U S T E E S <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held																																					
B S U P E R V I S O R																																					
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 C h e y n e y U n i v e r s i t y o f P A																																					
B T H O R N B U R Y T W P																																					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) CONTRACTOR														07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated 2 0 1 3																							
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 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, check this block. <input type="checkbox"/> Name: EJ RAITH MECHANICAL Address: 1513 MC DANIEL DR WEST CHESTER PA 19380 THORNBURY TOWNSHIP DELCO 6 TOWNSHIP DRIVE CHEYNEY PA 19319																																					
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): EJ RAITH MECHANICAL Address: 1513 MC DANIEL DR WEST CHESTER PA 19380 Position Held: VICE 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: EJ RAITH MECHANICAL Address: Address Above Interest Held: 30 %																																					
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): Transferee (Name and Address): 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

6/12/13

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