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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

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

February 4, 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, Gerald S. Robinson, Esquire, 158 Hess Boulevard, Lancaster 17601, Lancaster County, Thirteenth Senatorial District, for reappointment as a member of the Council of Trustees of Millersville 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 <b>ROBINSON</b>	FIRST NAME <b>GERALD</b>	MI <b>S</b>	SUFFIX		
02	ADDRESS (work or home) <b>158 Hess Blvd Lancaster</b>		State <b>PA</b>	Zip Code <b>17601</b>	Area Code <b>(717)</b>	Phone <b>569-0804</b>
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 checked="" type="checkbox"/> hold <input type="checkbox"/> held					
A	<b>TRUSTEE</b>					
B	<b>Commissioner / Chairman</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	<b>MILLERSVILLE UNIVERSITY</b>					
B	<b>HUMAN RELATIONS COMMISSION</b>					
06	OCCUPATION OR PROFESSION (This may be the same as block 4) <b>Attorney</b>			07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: <b>2012</b>		
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: _____						
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: <b>Robinson &amp; Geraldo</b> Address: <b>PO Box 5320 Hbg PA 17110</b>						
Gover of PA - PHRC - <b>301 Chestnut St, Suite 300 Hbg PA 17101</b>						
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift _____ Value 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) _____ Value _____						
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: <b>Same as #14</b> Address: <b>See #14</b> <b>Partner</b>						
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 _____						
<b>Robinson &amp; Geraldo - PO Box 5320 Hbg PA 17110</b> <b>50%</b>						
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) _____						
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. §1409(b).						
Signature <b>Gerald Robinson</b> Enter Current Date <b>03/05/2013</b>						
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.						