



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

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2013 APR 12 PM 4:11

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE PLANNING BOARD

April 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, David N. Sciocchetti, 217 Wallingford Avenue, Wallingford 19086, Delaware County, Ninth Senatorial District, for appointment as a member of the State Planning Board, to serve until December 16, 2013, and until his successor is appointed and qualified, vice Alan Jennings, Allentown, resigned.

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
SCIOCCHETTI DAVID N

02 ADDRESS (work or home) City State Zip Code Area Code Phone
217 WALLINGFORD AVENUE WALLINGFORD PA 19086 (610) 515-6564

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 ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor

B ☒ Nominee C ☐ Public Official (Former) D ☒ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☐ hold ☐ held

A MEMBER ☐ seeking ☐ hold

B EXECUTIVE DIRECTOR ☐ seeking ☐ hold

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 PLANNING BOARD

B CHESTER ECONOMIC DEV. AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) PRESIDENT & CEO COMPETITIVE COMMUNITIES LLC

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. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☐

Name: CHASE - UISA Address: PO Box 15153, WILMINGTON, DE

FORD CREDIT - LEASE - Address: PO Box 220564, Pittsburgh PA 15257

Interest Rate 11.99%

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. ☐ (OFFICIAL USE ONLY)

Name: COMPETITIVE COMMUNITIES LLC Address: 217 WALLINGFORD AVE, WALLINGFORD

INSTITUTE FOR ECONOMIC DEVELOPMENT 1350 EDGEMONT AVE, CHESTER, PA

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

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. ☒

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐

Business Entity (Name and Address) INSTITUTE FOR ECONOMIC DEV.

Name: COMPETITIVE COMMUNITIES LLC Address: SEE ABOVE

Position Held PRES & CEO

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☐

Name and Address of Business COMPETITIVE COMMUNITIES LLC, 217 WALLINGFORD AVE WALLINGFORD PA

Interest Held 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

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

David N. Sciochetti

Enter Current Date

4/17/13

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