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SENATE OF PA  
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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE COUNCIL OF TRUSTEES OF SLIPPERY ROCK UNIVERSITY OF  
PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

June 5, 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, Matthew Shaner, 529 Pine Road, Sewickley 15143, Allegheny County, Thirty-seventh Senatorial District, for appointment as a member of the Council of Trustees of Slippery Rock 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 Eric Holmes, Pittsburgh, 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 S H A N E R										FIRST NAME M a t h i a s										MI R		SUFFIX															
02 ADDRESS (work or home) ONE PPG Place STE 237D										City P: Hsburgh					State PA		Zip Code 15222			Area Code (412)		Phone 6970996															
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)							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 T r u s t e e																																					
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 T r u s t e e S l i p p e r y R o c k																																					
B																																					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) CEO Shaner Investments / Shaner Arena, LLC														07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 2																							
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"/>																																					
Name: America N Express														Address: PO Box 1270 Newark, NJ 07102														Interest Rate: 15.24%									
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: (A) Shaner Investments, (B) Shaner Arena LLC														Address: (C2) 1965 Waddle Rd State College, PA 16803														(OFFICIAL USE ONLY) 2013 JUN 16 PM 4 09 STATE ETHICS COMMISSION									
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>																																					
Source of Gift														Circumstances (including description) of Gift														Value 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: General Partner, CEO Shaner Investments; Shaner Arena - CEO, LLC														(13)																							
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 Rate																							
(10)														A 7009%														B 459%									
														C 33.3%																							
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 Rate									

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

MRS L

Enter Current Date

6-17-13

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