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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

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, Jeffrey Smith, 428 North McKean Street, Butler 16001, Butler County, Twenty-first 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 John K. Thornburgh, Wexford, 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  
S M I T H J E F F R E Y W

02 ADDRESS (work or home) City State Zip Code Area Code Phone  
428 N. McKean Street Butler PA 16001 724 612-7315

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 T R U S T E E

☐ seeking ☒ hold ☐ held

B T r e a s u r e r , C i t y

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 S L I P P E R Y R O C K U N I V E R S I T Y

B B u t l e r , C i t y

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 2

Manager, Supply Chain

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. ☐ CONTINUED ON PAGE 6

Name: Pennsylvania State Employee Credit Union Address: Box 67012, Harrisburg, PA 17106-7012 Interest Rate: 9.9%

Name: Bank of America Address: PO Box 15019, Wilmington, DE 19886-5019 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: PPG Industries Address: One PPG Place, Pittsburgh, PA 15272

Name: City of Butler Address: 140 W. North Street, Butler, PA 16001

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) COG CARE 115 VIP Drive, Suite 300 Westford, MA 01581

Name: PPG Industries Address: Address in #10

President  
Position Held  
Manager, Supply Chain

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 Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

6-6-2013

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

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A T R U S T E E ☐ seeking ☒ hold ☐ held

B m e m b e r

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A S L I P P E R Y R O C K U N I V E R S I T Y

B B u t l e r C o u n t y T A X C o l l e c t i o n C o m m.

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manager, Supply chain 2012 0 2

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Name: American Education Services Address: PO Box 2461, Harrisburg, PA 17105-2461 Interest Rate: 6.1%  
Aspire Resources Address: PO Box 15019, Wilmington, DE 19886-5019 Interest Rate: 7.9%

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Address of Source of Gift

Circumstances (including description) of Gift

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Source (Name and Address)

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Business Entity (Name and Address)

Name: Same on 1st Page Address:

Position Held

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Name and Address of Business

Interest Held

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Signature Jeffrey W. SmithEnter Current Date 6-6-2013

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