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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

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

January 31, 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, Thomas Uram, 723 Brownlee Road, Eighty-Four 15330, Washington County, Forty-sixth Senatorial District, for appointment as a member of the Council of Trustees of California 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 Robert Irely, Monongahela, 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 FIRST NAME MI SUFFIX
U r A m T h o m a s J

02 ADDRESS (work or home) City State Zip Code Area Code Phone
723 Brownlee Road Eighty-Four PA 15330 (412) 416-0783

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 Trustee ☐ seeking ☐ hold ☐ held

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 Council of Trustees California

B University of PA

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:

Financial Service Representative 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: Capital One Co CARD - Address: Lincoln Automotive P.O. Box 542000
P.O. Box 85617 Richmond VA 23285 HFC P.O. Box 4153-K CAROLANNA III - 60197-4153

Interest Rate: Cap One 22%
Lincoln - 8%
HFC - 19%

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. ☐

Also see #4

1. Thomet Life
Name: Capital One Co CARD - Address: 1000 Omega Dr Suite 1500
2. PSS Life - Day Ins. Address: Pittsburgh PA 15205
3. Pittsburgh Brokerage Address: 329 E Menden St Washington PA 15301
700 WASHINGTON AVE Pittsburgh PA 15106

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)

Value

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

Business Entity (Name and Address)

Name: See # 10 Address: See # 10

1. Financial Service Rep
2. Contract employee
3. Contract employee
4. Limited partner

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

75 East Menden St Suite 208 Washington, PA 15301

Interest Held: 20%

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: Thomas A. E. Enter Current Date: February 11, 2013

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