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THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

APR 23 2013

MEMBER OF THE COMMONWEALTH OF PENNSYLVANIA COUNCIL
ON THE ARTS

April 23, 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, Paula Vitz, 265 Brookview Drive, Red Lion 17356, York County, Twenty-eighth Senatorial District, for appointment as a member of the Commonwealth of Pennsylvania Council on the Arts, to serve until July 1, 2014, and until her successor is appointed and qualified, vice Stewart Cades, Carversville, 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
VITZ PAULA A

02 ADDRESS (work or home) City State Zip Code Area Code Phone
245 Brookview Dr Red Lion PA 17356 (717) 554-3342

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 ☐ Check this block if you are amending an original filing

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

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

A PA COUNCIL ON THE ARTS - Member

B PA WOMEN'S COMMISSION - Member

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 PA Council on the Arts

B PA Commission for Women

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:

Vice Pres / Pres / Partner 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: JSECU Address: CREDIT UNION PAGE P.O. Box 67013, HARRISBURG 17106-7013 Interest Rate 9.9

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. ☐

Name: CAPITAL ASSOCIATES, INC. CHARLESTON PARTNERS Address: 200 N. 3RD ST. HBG PA 17101

THE GEMINI 5 GROUP 96 DEER FORD DRIVE LANCASTER 17601

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address)

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

Business Entity (Name and Address) CAPITAL ASSOC., INC. 200 N. THIRD ST. HBG 17101

Name: CHARLESTON PARTNERS Address: 200 N. 3RD ST. HBG PA 17101

THE GEMINI 5 GROUP 96 DEER FORD DR LANCASTER PA 17601

4 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 CHARLESTON PARTNERS 200 N. 3RD ST. HBG PA 17101

THE GEMINI 5 GROUP 96 DEER FORD DR LANCASTER PA 17601

5 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

I, 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: Paula Vitz Enter Current Date: 5/9/13

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