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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE BOARD OF GOVERNORS OF THE STATE SYSTEM OF HIGHER
EDUCATION

June 7, 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, Aaron A. Walton, 4283 Forest Glen Drive, Allison Park 15101, Allegheny County, Fortieth Senatorial District, for reappointment as a member of the Board of Governors of the State System of Higher Education, to serve until December 31, 2016, and until his successor is appointed and qualified.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME WALTON	FIRST NAME AARON	MI A	SUFFIX	
02	ADDRESS (work or home) 4283 FOREST GLEN DR. ALISON PARK PA 15101 (412) 486-9744				
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 checked="" 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)					
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)				
A GOVERNOR PASSE <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
B TRUSTEE CALIFORNIA UNIV OF PA <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
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 PASSE					
B CALIFORNIA UNIV OF PA					
06	OCCUPATION OR PROFESSION (This may be the same as block 4) RETIRED HEALTHCARE EXEC. HIGHMARK		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. <input checked="" type="checkbox"/>				
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>				
Name: Address:					
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"/>		(OFFICIAL USE ONLY)		
Name: HIGHMARK BC/BS (retirement) SOCIAL SECURITY ADMIN		Address: 120 STRASS Bldg PA 15222 921 PENN AVE PHIL PA 15222		RECEIVED 2013 JUN 17 PM 4:49 SENATE OF PA SECRETARY'S OFFICE STATE ETHICS COMMISSION	
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value of Gift		
Source of Gift		Circumstances (including description) of Gift			
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value		
Source (Name and Address)					
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		Position Held		
Business Entity (Name and Address) AUGUST WILSON CTR. CHAIR 918 BIRCH AVE PHIL PA 15222		Chair			
Name: PITTSBURGH CULTURAL TRUST Address: 605 LIBERTY AVE PHIL PA 15222		member			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held		
Name and Address of Business					
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held Relationship Date Transferred		
Business (Name and Address)					
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

Aaron A Walton

Enter Current Date

6/12/2013

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