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2013 MAY 23 PM 4:29 COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR

HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

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

May 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, Patrick M. Wilson, 810 Rural Avenue, Williamsport 17701, Lycoming County, Twenty-third Senatorial District, for reappointment as a member of the Council of Trustees of Bloomsburg 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.

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							
WILSON										PATRICK										W		MR.							
02 ADDRESS (work or home)										City		State		Zip Code		Area Code		Phone											
810 RURAL AVE										WILLIAMSPORT		PA		17701		(570) 323-3461													
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					<input type="checkbox"/> Check this block if you are amending an original filing									
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 TRUSTEE <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held																													
B <input type="checkbox"/> seeking <input 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 BLOOMSBURG UNIVERSITY																													
B																													
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:																			
Sr Vice President, Little League										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"/>										Interest Rate																			
Name:										Address:										2013 JUN 6 PM 4:05									
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box. <input checked="" type="checkbox"/>										Name: LITTLE LEAGUE INTERNATIONAL Address: 539 US HIGHWAY 15 WILLIAMSPORT, PA 17701										STATE ETHICS COMMISSION									
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>										Source of Gift										Value of Gift									
Address of Source of Gift										Circumstances (including description) of Gift										2013 JUN 6 PM 4:05									
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) LITTLE LEAGUE Address: 539 US HIGHWAY 15, WMSPT										Position Held SE. VICE PRES									
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"/>										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. <input checked="" type="checkbox"/>										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

Enter Current Date 5-28-13

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