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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA SECRETARY'S OFFICE

MEMBER OF THE STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

May 22, 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, Dr. James K. Matta, Sr., 747 McCaslin Street, Pittsburgh 15217, Allegheny County, Forty-third Senatorial District, for reappointment as a member of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, to serve for a term of four years and until his successor is appointed and qualified, but not longer than six months beyond that period.

TOM CORBETT Governor

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/13

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME MI SUFFIX
	MATTAMES
02	ADDRESS (work or home) City State Zip Code Area Code Phone 747 MCCAS (Street PA 15217 (412) 521-6989
NO	OTE: 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) Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor C Dublic Official (Former) D Public Employee (Former) E Check this block if you are filling an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) a seeking hold held
A	MEMBER
г	seeking hold held
в	
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	STATEBOARD OF SOCIAL WORKERS
В	
<u>ó</u> 6	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
	Professional Course/ors the PRIOR calendar year indicated:
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.
10	DISCOVERY DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
'n	check this block.
(2)·	Name: Geneva College Address: 3200 College Aux Braver Falls PA 38/10/Hara St. Pgh. PN 15213
11	GIFTS (See instructions on page 2) If NONE, check this box. X
Г	Source of Gift ()
L	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)
L	
	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. (1) Associate Professor Business Entity (Name and Address) Name: Same AS # 16 Address: See # 10 Address: See # 10
	Name: Same AS # 16 Address: See # 10 (2) Professional
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Interest Held
	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) Relationship Date Transferred
The u	ndersigned 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