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2013 MAY 22 AM 11:00

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

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

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, William B. McIlwaine, Ed.D, 53 Brenner Street, Millersville 17551, Lancaster County, Thirteenth Senatorial District, for reappointment as a member of the Council of Trustees of Millersville 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, reading "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME McElwaine		FIRST NAME William		MI B	SUFFIX	
02 ADDRESS (work or home) 53 Brenner St		City Millersville	State PA	Zip Code 17551	Area Code (717)	Phone 812-7704
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 checked="" 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.) <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held						
A Trustee Millersville <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held						
B St Bd Examiners Nurs Home Adm - mem						
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 State System Higher Education						
B St Bd Examiners Nurs Home Adm						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Retired			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"/>						
Name: PNC Bank Address: 101 Wabank Rd, Millersville, PA 17551						
Citizens Bank Leaman Ave, Millersville, PA 17551						
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
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. <input checked="" type="checkbox"/>						
Source (Name and Address)						
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
Business Entity (Name and Address)						
Name: Address:						
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						
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)						
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 William B McElwaineEnter Current Date 02-08-13

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