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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

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

February 4, 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 that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME <div>M C I w a i n e</div>		FIRST NAME <div>W i l l i a m</div>		MI <div>B</div>	SUFFIX <div></div>	
02 ADDRESS (work or home) <div>53 Brenner St</div>		City <div>Millersville</div>	State <div>PA</div>	Zip Code <div>17551</div>	Area Code <div>(717)</div>	Phone <div>812-7704</div>
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)						
<div>A <input checked="" type="checkbox"/> Candidate (including write-in)</div> <div>B <input checked="" type="checkbox"/> Nominee</div> <div>C <input checked="" type="checkbox"/> Public Official (Current)</div> <div>C <input type="checkbox"/> Public Official (Former)</div> <div>D <input type="checkbox"/> Public Employee (Current)</div> <div>D <input type="checkbox"/> Public Employee (Former)</div> <div>E <input type="checkbox"/> Check this block if you are filing as a solicitor</div> <div><input type="checkbox"/> Check this block if you are amending an original filing</div>						
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 <div>Trustee Millersville</div>						
B <div>St Bd Examiners Nurs Home Adm - member</div>						
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 <div>PA State System Higher Education</div>						
B <div>St Bd Examiners Nurs Home Adm</div>						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <div>Retired</div>			07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: <div>2012</div>			
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:						
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: <div>PNC Bank</div> <div>Citizens Bank</div>					Address: <div>101 Wabank Rd, Millersville, PA 17551</div> <div>Leaman Ave, Millersville, PA 17551</div>	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Value of Gift	
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"/>					Value	
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"/>					Position Held	
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"/>					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	
Business (Name and Address)					Relationship	
Transferee (Name and Address)					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 McIlwaineEnter Current Date 02-08-13

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