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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE PUBLIC EMPLOYEE RETIREMENT COMMISSION



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

May 8, 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, Michael P. Gleason, 2313 Engelwood Drive, Pittsburgh 15241 Allegheny County, Thirty-seventh Senatorial District, for appointment as a member of the Public Employee Retirement Commission, to serve until October 27, 2017, and until his successor is appointed and qualified, vice David F. Werner, York, whose term expired.

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
 GLEASON MICHAEL P

02 ADDRESS (work or home) 2313 Engelwood Dr. Pittsburgh PA 15241 (412) 854-2621
City State Zip Code Area Code Phone

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 Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A MEMBER seeking hold held

B

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 PUBLIC EMPLOYEE RETIREMENT

B COMMISSION

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Insurance

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.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Century Heritage BMUS Financial Services Audi Financial Services
 Address: 700 Fossis Ave PA 15236 P.O. Box 31048 Tampa, Fla FL 33629 P.O. Box 5215, Carol Stream, IL 60148

Interest Rate: 7.5% - car, 24.9%

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.

Name: Arthur J. Gallagher Service Company LLC
 Address: Two Pierce Plac Itasca, IL 6014

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: _____ Value of Gift: \$7

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): _____ Value: _____

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Area Vice President
 Name: Arthur J. Gallagher RMS Address: 400 Holiday Dr. PA Area

Position Held: 15,200

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

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.

Business (Name and Address): _____ Interest Held: _____
 Transferee (Name and Address): _____ 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: [Signature] Enter Current Date: 5-13-13

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