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2012 JUN 19 PM 4:10

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS AND SALESPERSONS

June 19, 2012

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, Lance Alexander, 303 Main Street, Ligonier 15658, Westmoreland County, Forty-first Senatorial District, for appointment as member of the State Board of Vehicle Manufacturers, Dealers and Salespersons, 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, vice Father Rene Barczak, Philadelphia, whose term expired.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

RECEIVED

2012 JUN 26 PM 4: 16

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS AND SALESPERSONS

June 26, 2012

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

Please note the nomination dated June 19, 2012, for the appointment of Lance Alexander, 303 Main Street, Ligonier 15658, Westmoreland County, Forty-first Senatorial District, for appointment as member of the State Board of Vehicle Manufacturers, Dealers and Salespersons, 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, vice Father Rene Barczak, Philadelphia, whose term expired, should be corrected to read:

Lance Alexander, 199 South Spring Street, Blairsville 15717, Indiana County, Forty-first Senatorial District, for appointment as member of the State Board of Vehicle Manufacturers, Dealers and Salespersons, 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, vice Father Rene Barczak, Philadelphia, whose term expired.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
ALEXANDER LANCE P

02 ADDRESS City State Zip Code Area Code Phone
199 S SPRING ST BLAIRSVILLE PA 15717 412 809 0081

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 MOTOR VEH LICENSING BOARD member
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 ST BD OF VEH DEALERS + SALES PERSONS MANUFACTURES
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:
REGIONAL MGR 2011

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: S+T BANK Address: 800 Phila St., Ind. PA 15701 Interest Rate: 4%

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:
Name: See #13 Address:
OFFICIAL USE ONLY
2012 JUL 20 P 03

11 GIFTS (See instructions on page 2) If NONE, check this box:
Source of Gift
Address of Source of Gift
Circumstances (including description) of Gift
2012 JUL 20 P 03

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box:
Source (Name and Address)
Value
2012 JUL 20 P 03

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box:
Business Entity (Name and Address)
Name: Mobility Works Address: 1090 MOSSIDE BLVD WALL PA 15148
Position Held: MGR
2012 JUL 20 P 03

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)
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: *Russ Alexander* Enter Current Date: 29 June 12

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