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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE BOARD OF PARDONS

October 3, 2011

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, Harris Gubernick, 1064 Jefferson Court, Warrington 18976, Bucks County, Twelfth Senatorial District, for reappointment as a member of the Board of Pardons, to serve until November 30, 2017.

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

GUBERNICK HARRIS

02 ADDRESS City State Zip Code Area Code Phone

1064 JEFFERSON ST WARRINGTON PA 15786 215 333-0901

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 PARDONS BOARD MEMBER

B DIRECTOR OF CORRECTORS

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 - BOARD OF PARDONS

B BUCKS COUNTY

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

RETIRED / PARDONS BOARD MEMBER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: SANBOST BANK SALLIE MAE AELNET Address: P.O. BOX 9114 DART MD 21277 P.O. BOX 9532 WICKES-BREE PA 15778 BOX 74028 ATLANTA GA 30374

Interest Paid: 6.75% 2.00% 7.87%

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: COUNTY OF BUCKS Address: ROAD 9001 915 TELEPHONE 185013

STATE ETHICS DIVISION OCT 14 2 31 PM '10

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box:

Source (Name and Address)

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

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:

Name and Address of Business

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 [Signature] Enter Current Date 10-7-11