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2011 MAY -5 PM 4: 39

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE BOARD OF PARDONS



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

May 5, 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 appointment as a member of the Board of Pardons, to serve until November 30, 2011, vice The Honorable John E. Wetzel, Chambersburg, resigned.

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 Phone

101 Jefferson Ct Washington PA 15301 724-343-0701

03 IN BLOCKS 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 Check this block if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

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

A PARDONS BOARD MEMBER seeking hold held

B Director of Public Safety

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, town, etc.)

A PARDONS BOARD

B BUCKS COUNTY

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

Retired

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

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: SUNBELT BANK Address: P.O. Box 79114, PALE PA 18773

BELLE STAR PO Box 9532 Interest Rate 2.79

SELWY PO Box 74628 6.870

WILKES BARRE 30304 3.010

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: COUNTY OF BUCKS Address: Broad Street Doylestown PA 19041

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

Source of Gift Value 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) Value

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

Business Entity (Name and Address) Position Held

Name: Address: 3/9

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 Relationship Date Transferred

Transferor (Name and Address)

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. 34904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 6110(b).

Signature [Signature] Enter Current Date 5-9-2011

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

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 CT WARRINGTON PA 18976 (215) 343 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)

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B Nominee C Public Official (Former) D Public Employee (Former)

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

A PARDONS BOARD MEMBER

seeking hold held

B DIRECTOR OF CORRECTIONS

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 PARDON BOARD

B BUCKS COUNTY

RECEIVED
 2011 MAY 18 PM 3:17
 SENATE OF PA
 SECRETARY'S OFFICE

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

RETIRED

07 YEAR The information in blocks 8 through 10 below represents financial interests for the PRIOR calendar year indicated: 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: SOUTHWEST BANK Address: P.O. Box 791144 BAL. MD

SALLIE MAE PO Box 9532 WILKES-BARRE PA 18773

NELNET PO Box 74628 ATLANTA, GA 30374

Interest Rate: 12.79%

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: COUNTY OF BUCKS Address: FRANK COURT ST DOYLESTOWN PA 18901

(OFFICIAL USE ONLY)

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

Source of Gift

Value 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: Position Held

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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 Relationship Date Transferred

Transferee (Name and Address)

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

Enter Current Date

5-9-2011

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