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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE BOARD OF FUNERAL DIRECTORS

November 4, 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, William George Harris, 502 Cherry Lane, Johnstown 15904, Cambria County, Thirty-five Senatorial District, for appointment as a member of the State Board of Funeral Directors, to serve for a term of five years and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Bennett Goldstein, Elkins Park, 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
 HARRIS WILLIAM G.

02 ADDRESS City State Zip Code Area Code Phone
 502 CHERRY LANE JOHNSTOWN PA 15904 814 241-3861

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 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 BOARD MEMBER FUNERAL DIRECTORS

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 DEPARTMENT OF STATE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 represents financial interests for the PRIOR calendar year indicated:

FUNERAL DIRECTOR 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: FIRST COMMONWEALTH BANK Address: EAST HILLS BRANCH
 SCARP AVE - JOHNSTOWN, PA 15904 Interest Rate 8%

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. (OFFICIAL USE ONLY)

Name: HARRIS FUNERAL HOME, INC. Address: 502 CHERRY LANE JOHNSTOWN PA 15904

② RENTAL PROP. INCOME ① 168 #2 KIRK ST JOHNSTOWN PA 15904

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

Source of Gift: ② 168 #2 KIRK ST JOHNSTOWN PA 15904 From Adrienne Ober

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): DISTRICT GOV. FOR PFIDA-DIST IV "RESIGNING" Position Held: V. PRES.

Name: V.P. RICHARD CEM. ASSN (PUBLIC) Address: 1257 SCARP AVE JOHNSTOWN PA 15904

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: HARRIS FUNERAL HOME, INC. 502 CHERRY LANE, JOHNSTOWN PA 15904 Interest Held: 100% Owner

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: William G. Harris Enter Current Date: NOV. 11, 2011

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

RECEIVED
 2011 NOV 16 PM 4:08
 SECRETARY'S OFFICE
 STATE ETHICS COMMISSION

AKO see #14