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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF THE PENNSYLVANIA STATE  
UNIVERSITY



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

September 19, 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, Peter A. Khoury, 5156 Cassidy Drive, Schnecksville 18078, Lehigh County, Sixteenth Senatorial District, for appointment as a member of the Board of Trustees of the Pennsylvania State University, to serve until July 1, 2014, and until his successor is appointed and qualified, vice Rodney P. Hughes, Mayfield, 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  
 K n o r y P e t e r A

02 ADDRESS City State Zip Code Area Code Phone  
 5150 Cassidy Drive Schnecksville PA 18075 610 3936249

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. (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  seeking  hold  held  
 B Member

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  
 B Permits State Board of Trustees

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:  
 Student 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: Address:

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: Address: 11/20/11

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): Name: Address: Position Held

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 Peter A. Knor Enter Current Date 9/26/2011

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

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 SEP 27 PM 3:08  
 STATE OF PA  
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