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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 VEHICLE MANUFACTURERS, DEALERS AND SALESPERSONS

June 6, 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 M. Mohler, 1205 Fieldcrest Drive, Latrobe 15650, Westmoreland County, Thirty-ninth Senatorial District, for appointment as a member of the State Board of Vehicle Manufacturers, Dealers and Salespersons, to serve until October 23, 2011, or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Gary Barbera, Gladwyne, 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

M O H L E R **W I L L I A M** **H**

02 ADDRESS City State Zip Code Area Code Phone

1205 Plaidmont Drive **Latrobe** **PA** **15601** **724** **837-2425**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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) E Check this block if you are filing as a solicitor

B Nominee D Public Official (Former) F 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 **B O A R D M E M B E R**

seeking hold held

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 **S T A T E B O A R D O F V E H I C L E M F G R s**

B **D E A L E R S A N D S A L E S P E R S O N S**

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

Automobile Dealer

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: 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: **Sandell Motors** Address: **5079 Route 30 Greensburg, PA 15601**

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)

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: **Sandell Motors Inc.** Address: **5079 Route 30 Greensburg, PA 15601** **Pres.**

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

Sandell Motors Inc. 5079 Route 30 Greensburg, PA 15601 **20%**

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferred (Name and Address) Interest Held Relationship Date Transferred

Sandell Motors Inc. **Mohler Limited Family Partnership** **100% family 1995**

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 Mohler* Enter Current Date **6-11-11**

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

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 2011 JUN 13 PM 4:27
 SENATE OF PA
 SECRETARY'S OFFICE STATE ETHICS
 COMMISSION