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SENATE OF PA
SECRETARY'S OFFICE
THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE EMPLOYEES' RETIREMENT BOARD

February 9, 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, Wallace H. Nunn, 25 Hidden Spring Circle, Newtown Square 19073, Delaware County, Twenty-sixth Senatorial District, for appointment as a member of the State Employees' Retirement Board, to serve for a term of four years and until his successor is appointed and qualified, vice Lynne P. Fox, Dresher, 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: NUNN FIRST NAME: WALLACE MI: H SUFFIX: MR

02. ADDRESS: Hidden Springs Circle City: Newburg, Sp... State: PA Zip Code: 17093 Area Code: 717 Phone: 7406

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 STATE EMPLOYEES' RETIREMENT BOARD
B [REDACTED]

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 [REDACTED]
B [REDACTED]

06. OCCUPATION OR PROFESSION (This may be the same as block 4) RETIRED
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: MetLife Address: 4000 Horizon Way Suite 100 Irving TX 75038
Interest Rate: 2.5%

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: See Attached Address: [REDACTED]
OFFICIAL USE ONLY: 2011 FEB 18 PM 4:31

11. GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift: [REDACTED] Value of Gift: [REDACTED]
Address of Source of Gift: [REDACTED] Circumstances (including description) of Gift: [REDACTED]

12. TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address): [REDACTED] Value: [REDACTED]

13. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): [REDACTED] Address: [REDACTED]
Position Held: SECRETARY'S OFFICE

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: [REDACTED] Interest Held: [REDACTED]

15. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address): [REDACTED] Transferee (Name and Address): [REDACTED]
Interest Held: [REDACTED] Relationship: [REDACTED] Date Transferred: [REDACTED]

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: Feb 15, 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

NUNN WALLACE H MR

02 ADDRESS City State Zip Code Area Code Phone

25 Hidden Spring Circle Newtown Square PA 19073 (610) 659-7806

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

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B Nominee C Public Official (Former) D Public Employee (Former) F Check this block if you are filing as a solicitor

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

A STATE EMPLOYEES RETIREMENT BOARD

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

B

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 calendar year indicated.

RETIREED 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: MetLife Address: 4000 Horizon Way Suite 100 Irving, TX 75063 Interest Rate: 4.25%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this box.

Name: See Attached Address:

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:

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

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 *[Handwritten Signature]* Enter Current Date Feb 15, 2011

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STATE ETHICS COMMISSION
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SECRETARY'S OFFICE

#10 Direct or Indirect Sources of Income

Morgan Stanley Smith Barney
1650 Market Street
Philadelphia, PA 19103

Charles Schwab
200 West Lancaster Avenue
Wayne, PA 19087

K P Hotel Partners II
260 Mall Boulevard
King of Prussia, PA 19406

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STATE ETHICS
COMMISSION

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