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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE AND  
HEARING

August 12, 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, James Shafer, Au.D., FAAA, CCC-A, 525 Highland Terrace, York 17403, York County, Twenty-eighth Senatorial District, for reappointment as a member of the State Board of Examiners in Speech-Language and Hearing, to serve for a term of three years and until his successor is appointed and qualified, but not longer than six months beyond that period.

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  
SHAFER James L

02 ADDRESS City State Zip Code Area Code Phone  
525 Highland Terr. York PA 17403 (717) 949-9671

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.)  
A STATE MEMBER VICE-CHAIR  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 STATE BOARD OF EXAMINERS IN  
B SPEECH-LANGUAGE HEARING

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Audiologist  
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: SEE ATTACHED 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.   
Name: AC T. HUNT - SALUS UNIVERS. Address: 1776 S. QUINN ST YORK PA 17403  
8360 OLD YK RD, ELKINS PARK PA 19022

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 Name and Address: GENERAL MANAGER AC ASSOCIATES 1776 S. QUINN ST YORK PA 17403 Position Held: General Manager

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: AC ASSOCIATES, 1776 S. QUINN ST YORK PA 17403 Interest Held: General Manager

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)

I, 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: 9/15/11

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

RECEIVED  
2011 OCT 11 AM 4:21  
SECRETARY OFFICE  
STATE ETHICS COMMISSION

Block 9

James Shafer

Fulton Visa 12%

PO Box 6352, Fargo, ND 58125

Members first 3%

P.O. Box 40, Smeeth, PA 17055

Jonestown Bank 6%

PO Box 717 Jonestown, PA 17039

2011 OCT 11 PM 4: 11

STATE ETHICS  
COMMISSION

2011 OCT 11 PM 4: 21

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