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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA COUNCIL ON AGING

October 17, 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, Stuart A. Wesbury, Jr., 950 Willow Valley Lakes Drive, H-312, Willow Street 17584, Lancaster County, Thirteenth Senatorial District, for appointment as a member of the Pennsylvania Council on Aging, to serve until October 8, 2014, and until his successor is appointed and qualified, vice Robert K. Wargo, Huntingdon, 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
 W E S B U R Y S T U A R T A J R

02 ADDRESS City State Zip Code Area Code Phone
 950 WILLOW VALLEY LAKES DR, H-312, WILLOW STREET, PA 17584, 717, 464-4560

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) B 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 a member of a political party

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

A MEMBER 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 PENNSYLVANIA COUNCIL ON AGING

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 PRIOR calendar year indicated: 2010

HEALTHCARE EXECUTIVE - RETIRED

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 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

Stuart A. Wesbury Jr

Enter Current Date

10-20-11

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

Stuart Wesbury, Jr.
Attachment to Statement of Financial Interest Form
October 20, 2011

Question 10
Direct or Indirect Income

- Deferred Income Account invested with:
ING
PO BOX 990067
Hartford CT 06199-0067 1-800-525-4225

Source of deferred income:
American College of Health Care Executives
One North Franklin
Suite 1700
Chicago, IL 60606 312-424-2800

- Investment Accounts:
IRA Rollover – Stuart
IRA Rollover – June (Wife)
Schwab One Account – Joint (Stuart and June)

Charles Schwab
22A North Second Street
Harrisburg, PA 17101
Attn.: Greg Buker, VP/Financial Consultant, 717-257-7531

- Charitable Gift Annuities:
Temple University, Institutional Advancement
P.O Box 827651
Philadelphia, PA 19182 215-926-2543

Ursinus College, Advancement
P.O Box 1000
Collegeville, PA 19426 610-409-3000

University of Missouri – Columbia, University Programs
302 Reynolds Alumni Center
Columbia, MO 65211 573-884-9728

- Investment Account:
TIAA-CREF
730 Third Ave.
New York, NY 10017 1-800-842-2252

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STATE ETHICS
COMMISSION