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2012 SEP 28 PM 4: 33 COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR  
HARRISBURG

SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE COUNCIL OF TRUSTEES OF SLIPPERY ROCK UNIVERSITY OF  
PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

September 28, 2012

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, Robert Marcus, 1701 Galen Road, Harrisburg 17110, Dauphin County, Fifteenth Senatorial District, for reappointment as a member of the Council of Trustees of Slippery Rock University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until his successor is appointed and qualified.

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 A R C U S R O B E R T

02 ADDRESS City State Zip Code Area Code Phone

1701 Galen Rd Hg Pa 17107 717 237726

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 T R U S T E E X X

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 C O U N C I L O F T R U S T E E S S H I P P E R Y R O C K P 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 PRIOR calendar year indicated:

B E N D I S M A N 2 0 1 1

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: MARCUS BENDISMAN Address: 1701 Galen Rd Hg Pa 17107

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

T R U S T E E S S H I P P E R Y R O C K P A 1 6 0 5 7

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: Marcus Bendisman Address: 1701 Galen Rd Hg Pa 17107

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 Rate

A B O U T 1 0 0 %

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) NONE

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: Marcus Bendisman Enter Current Date: 11-19-11

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

Robert MARCUS

1. Retire State System of Education  
EBERS 5 N. 5th St Hq PA 17101
  2. Wells Fargo 4400 Deer Run AS  
Suite 100 17110  
238-8444  
Harrisburg PA 17110
  3. Stillwell 111 Broadway N.Y. NY  
212-267-2691
  4. Chris Cerameglia 866-780-7926  
Stifel Nicolaus  
711 Broadway Dr  
Suite 301  
Palm Beach Gardens Fla.  
33418
- } Stocks

STATE ETHICS  
COMMISSION

SENATE OF PA  
SECRETARY'S OFFICE

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2012 OCT -1 PM 4:49

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