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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF LANDSCAPE ARCHITECTS

April 1, 2014

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, Gregory E. Black, 1421 Main Street, Mechanicsburg 17055, Cumberland County, Thirty-first Senatorial District, for reappointment as a member of the State Board of Landscape Architects, 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
Black Gregory E

02 ADDRESS (work or home) City State Zip Code Area Code Phone
1360 E. Lisbon Rd Mechanicsburg PA 17055 (717) 697-4434

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 Member

☐ seeking ☒ hold ☐ held

B Landscape Architect Board

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 Landscape Architect Board

B

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

Landscape Contractor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2013

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: Interest Rate

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: Black Landscape Contracting Inc. Address: 1360 E. Lisbon Rd Mechanicsburg PA 17055

Acer Paving Inc. P.O. Box 805 Mechanicsburg PA 17055

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) Acer Paving Inc. Address in H10

Name: Black Landscape Contracting Inc. Address: 1360 E. Lisbon Rd Mechanicsburg PA 17055

Vice President

Owner

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 Acer Paving Inc. Address in H10

Black Landscape Contracting Inc. 1360 E. Lisbon Rd Mechanicsburg PA 17055

Interest Held

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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 Enter Current Date 4/7/14

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