

22-006  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01 LAST NAME CLEMENS FIRST NAME ALVIN MI H SUFFIX

02 ADDRESS 500 HUSTON ROAD City RADNOR State PA Zip Code 19087 Area Code (610) Phone 964-7645

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	<input checked="" type="checkbox"/> Public Official (Current)	D	Public Employee (Current)	E	Check this block if you are filing as a solicitor	Check this block if you are amending an original filing
B	<input checked="" type="checkbox"/> Nominee	C	Public Official (Former)	D	Public Employee (Former)			

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

A TRUSTEE

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 PENN STATE UNIVERSITY

B

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: 2009

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 box.

Name: Health Benefits Direct (3 months) Address: RADNOR, Pa 19087

Investment Income PNC Bank, Phila, Pa

STATE ETHICS COMMISSION (OFFICIAL USE ONLY) 2810 JAN 25 P 2:01

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) HEALTH BENEFITS DIRECT Address: RADNOR, Pa 19087 Position Held: CO-CHAIR + Director

Name: HEALTH BENEFITS DIRECT Address: RADNOR, Pa 19087

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 Hold \_\_\_\_\_

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 Alvin Clemens Current Date 1/19/10

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

22-006

Health Benefits Direct

150 North Radnor Chester Road

Radnor, PA 19087

Investment Income

PNC Bank

1500 Market Street

Philadelphia, PA 19103

2010 JAN 25 P 2:01  
STATE ETHICS  
COMMISSION

22-806



The PA State Ethics Commission has performed a review of your Statement of Financial Interests form for calendar year 2009 for the May 1, 2010 filing deadline. Please be advised that your form is deficient and needs to be revised because the following block(s) on the form are blank or otherwise incomplete:

- Block 01
- Block 02
- Block 03-The amended box is located in this block on the far right
- Block 04 A-
  - 04 B-
- Block 05 A-
  - 05 B-
- Block 06-
- Block 07- Should read \_\_\_\_\_
- Block 08-
- Block 09-
- Block 10-List any direct or indirect sources of income of \$1,300 or more (including but not limited to employers)
- Block 11-
- Block 12-
- Block 13-
- Block 14-
- Block 15-
- Please sign and enter the current date at the bottom of the form.

Your original filing has been retained by the State Ethics Commission. To correct the above deficiency(ies), please *complete* the enclosed *blank form* making *all necessary corrections*, and *checking the box in block 3 for amending a filing*. **If the answer to a block is "none," check the box indicating that the answer is "none."** Sign and *current date* the form and return it to the PA State Ethics Commission, PO Box 11470, Harrisburg, PA 17108-1470. The corrected/amended form will then be attached to the prior filing we received.

**Please also file a copy of the amended form at every other location where the original form was filed and make a copy for your records.**

If you have any questions regarding this matter, please contact the State Ethics Commission at 717-783-1610 or toll-free at 800-932-0936.

**Enclosure(s):** A copy of your original form.  
Blank form(s) for your corrections  
(keep the yellow copy for [ your records, school or agency])

Send back as per:

A handwritten signature in black ink, appearing to be "E.M." or similar initials.

Revised 8/25/2009