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2011 APR 21 PM 4:43

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

**MEMBER OF THE STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS**

April 21, 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, Jennifer Easter, MBA, MPH, (Public Member), 125 Club Terrace, Lebanon 17042, Lebanon County, Forty-eighth Senatorial District, for appointment as a member of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, to serve four years and until her successor is appointed and qualified, but not longer than six months beyond that period, vice Marilyn L. Painter, Pittsburgh, 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
E A S T E R J E N N I F E R K

02 ADDRESS City State Zip Code Area Code Phone
125 Club Terrace Lebanon PA 17042 (717) 273-1676

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

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 Social Workers

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:

Administrator - Director MBA Program (Higher Education) 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: BMW Financial Services Address: BMW Bank & North America
P.O. Box 78066 Phoenix, AZ 85062

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: Lebanon Valley College Address: 101 N. College Ave.
Annville, PA 17003

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) Position

Lebanon Valley College 101 N. College Ave, Annville PA 17003 Director of MBA Program

Name: Women's Health Center Lebanon Address: 300 E. Willow St Lebanon PA 17046 Administrator

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

Women's Health Center of Lebanon 300 E. Willow St Lebanon PA 17046 10%

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

Jennifer K. Easter

Enter Current Date

4/27/11

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

4/27/11

Jennifer Easter
Statement of Financial Interests (continued)

09: Creditors continued

* Jonestown Bank and Trust Company
PO Box 717
Jonestown, PA 17038

Int. rate
7.99%

* Old National Bank
PO Box 3728
Evansville, IN 47736

Int. rate
8.00%

10: Direct or Indirect Sources of Income

Women's Health Center of Lebanon
300 E. Willow St,
Lebanon, PA 17046

STATE ETHICS
COMMISSION

2011 MAY 10 P 3:31
SENATE OF PA
SECRETARY'S OFFICE

2011 MAY 10 PM 3:51

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