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SENATE OF PA  
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THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE PENNSYLVANIA CANCER CONTROL, PREVENTION AND  
RESEARCH ADVISORY BOARD

January 5, 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, Joel S. Noumoff, M.D., 238 Lloyd Lane, Wynnewood 19096, Montgomery County, Seventeenth Senatorial District, for reappointment as a member of the Pennsylvania Cancer Control, Prevention and Research Advisory Board to serve for a term of four 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  
 N O U M O F F J O E L S M D

02 ADDRESS City State Zip Code Area Code Phone  
 238 Lloyd Lane Wynnewood PA 19096 (610) 649-1208

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  Check this block if you are amending an original filing

B  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 Pennsylvania Cancer Control  
 and Research Advisory Board  seeking  hold  held

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 N/A currently sit on above  
 B Board

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:

Physician 2012

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: Audi of America Address: Beltsville, MD 21119  
 P.O. Box 17497

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: Crozer Keystone Health Network Address: 190 West Sprawl Road, Springfield, PA 19064  
 Cassatt Holdings RRG Company 920 Cassatt Road, Berwyn, PA  
 Catholic Health EAST 3805 West Chester Pike, Suite 100, Newtown Square, PA 19073

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift NONE 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)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Crozer Keystone Health Network Position Held Physician  
 Cassatt Holdings RRG Co. Consultant  
 Catholic Health EAST in Address: Addresses in H10 Consultant

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 Joel Noumoff Enter Current Date 01/16/2012

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