



2013 OCT 22 PM 4: 16 COMMONWEALTH OF PENNSYLVANIA OFFICE OF THE GOVERNOR

SENATE OF PA THE GOVERNOR SECRETARY'S OFFICE

MEMBER OF THE STATE PLANNING BOARD

October 22, 2013

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, The Honorable Joan McMillen, 212 East Locust Street, Suite 112, Clearfield 16830, Clearfield County, Twenty-fifth Senatorial District, for appointment as a member of the State Planning Board, to serve for a term of four years and until her successor is appointed and qualified, vice The Honorable Donna R. Hartle, Lucinda, resigned.

TOM CORBETT

Tom Corbett

Governor

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/13

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

DI EASE DOINT MEATI V

| PLEASE PRINT NEATLY |
|---|
| 01 LAST NAME FIRST NAME MI SUFFIX |
| MCMILLEN JOAN I P |
| 02 ADDRESS (Work or home) & LOCUST St. City Carfield PA 16820 114 765 2642 |
| 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 block if you are filing are amending |
| B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing |
| 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) |
| A COUNT LA COMUISTONEY |
| seeking hold held |
| |
| B Member |
| 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.) |
| ACITED FIELD COUNTY |
| |
| BSH. PLANNING BOATON |
| 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 |
| Condustry Condustry on the PRIOR calendar year indicated: 20/2 |
| 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. |
| In The |
| 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. |
| Name: Fank america - VISA Address: WIMMGEN DE Interest Rate |
| POBK 15019 12% |
| 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) |
| Clearfield County - 212 E. Locus + St. Check this block. |
| County Commissioner CHARFIELD PA 11830 CO. Z |
| 11 GIFTS (See instructions on page 2) If NONE, check this box. |
| Source of Gift ☐ [77] Value-ouGift |
| |
| Address of Source of Gift Circumstances (including description) of Gift |
| 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value |
| Source (Name and Address) |
| |
| OFFICE DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE check this box find the profession the page of the |
| ITHER WITH ACCURACTURE BON. 2nd St. Clearfield A A PERCENTION HER |
| 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 |
| |
| |
| 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box |
| 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box |
| BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box I Interest field Relationship Date Transferred Transferred 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 |
| 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) 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. \$. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). |
| BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box I Interest field Relationship Date Transferred Transferred 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 |