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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF WARREN STATE HOSPITAL

September 5, 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, William F. McCarthy, 4117 Wood Street, Erie 16509, Erie County, Forty-ninth Senatorial District, for reappointment as a member of the Board of Trustees of Warren State Hospital, to serve until the third Tuesday of January 2019, 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

McCARTHY WILLIAM F MR

02 ADDRESS (work or home) City State Zip Code Area Code Phone

4117 Wood St ERIE PA 16509 1814 866-2730

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 BOARD OF TRUSTEE WARREN NOSP Member

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 BOARD OF WARREN STATE NOSP

B

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

PRESIDENT / CEO STRAWAYS R.H.

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: ERIE FED. CREDIT UNION (CARLTON) Address: 1109 E 38th St ERIE PA Interest Rate: 6.5% / 18.5%

PENNS CREDIT CARD P062 6275 PIOUX FIELDS SD. 57217

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: STRAWAYS BEHAVIORAL HEALTH Address: 2185 W PTH ERIE PA

ERIE PA 16509

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) Position Held

Name: STRAWAYS R.H. Address: 2185 W PTH ERIE PA

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) 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 [Signature] Enter Current Date 9/6/14

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