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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OSTEOPATHIC MEDICINE

September 10, 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, Thomas J. Stephenson, (Public Member), 130 Partridge Circle, Milford 18337, Pike County, Twentieth Senatorial District, for appointment as a member of the State Board of Osteopathic Medicine, to serve until June 3, 2017, or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Jonathan Ebersole, Elizabethtown, resigned.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT  
Governor

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: STEPHENSON FIRST NAME: THOMAS MI: J SUFFIX: SR

02 ADDRESS (work or home): 130 PARTRIDGE CIRCLE City: MILFORD State: PA Zip Code: 18337 Area Code: (570) Phone: 296-4105

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 MEMBER

B STATE BOARD OF OSTEOPATHIC MED

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 OSTEOPATHIC MED

06 OCCUPATION OR PROFESSION (This may be the same as block 4) RETIRED ELEMENTARY SCHOOL PRINCIPAL

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.)

RENTAL HOME 127 PARTRIDGE CIRCLE - MILFORD, PA 18337

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: WELLS FARGO BANK Address: PO BOX 6995 Interest Rate: 4.375%

PORTLAND OR 97228-6995

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.

HEATHER HILL - 127 PARTRIDGE CIRCLE, MILFORD PA 18337

Name: NEW JERSEY TEACHERS PENSION FUND Address: PO BOX 295

DIVISION OF PENSIONS 50 WEST STATE ST - TRENTON NJ

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

Source of Gift: 08E 25-0295

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): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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.

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: Thomas John Stephenson Enter Current Date: 9/11/2014

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

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 2014 SEP 15 PM 4:02  
 STATE ETHICS COMMISSION