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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA COUNCIL ON AGING



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

January 31, 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, Veronica M. Comfort, RN, MSN, 2889 Donegal Drive, Macungie 18062, Lehigh County, Sixteenth Senatorial District, for appointment as a member of the Pennsylvania Council on Aging, to serve until October 8, 2015, and until her successor is appointed and qualified, vice Anne Bale, Harrisburg, whose term expired.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
C O M F O R T V E R O N I C A M

02 ADDRESS (work or home) City State Zip Code Area Code Phone
2889 Donegal DR. Macungie PA 18062 (610) 966-5312

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 on PENNSYLVANIA Cognate Aging

☐ seeking ☒ hold ☐ held

B member-Advisory Council for Lehigh County Office of Aging & Adult Services

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 PA Council on Aging

B Lehigh County Office of Aging & Adult Services

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:

REGISTER NURSE (MSN) 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: HYUNDAI FINANCE Address: HYUNDAI MOTOR FINANCE
PO. Box 657805 DALLAS, TEXAS 75265-0805

Interest Rate: 1.9%

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: Philadelphia Corporation on Aging Address: 642 N. Broad ST
PHILA., PA. 19130

(OFFICIAL USE ONLY)

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: PLS SEE # 10 Address: PLS. See # 10

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: Veronica M. Comfort Enter Current Date: 2/4/2013

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