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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE PENNSYLVANIA DRUG, DEVICE AND COSMETIC BOARD

May 28, 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 Janis Creason, 320 Mollie Drive, Harrisburg 17112, Dauphin County, Fifteenth Senatorial District, for appointment as a member of the Pennsylvania Drug, Device and Cosmetic Board, to serve for a term of four years or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Kimberly Gray, Mechanicsburg, 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		
	CREASON	JANIS	E			
02	ADDRESS	City	State	Zip Code	Area Code	Phone
	320 Mollie Drive	Harrisburg	PA	17112	(717)	545-7210
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 <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
	B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
A	TREASURER <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B	MEMBER OF BOARD					
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	DAUPHIN COUNTY					
B	DRUG DEVICE & COSMETIC 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:		
	County Treasurer			2012		
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>			Interest Rate		
	Name: M+T Bank Line of Credit PO Box 62146			Address: Baltimore MD 21264 4%		
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. <input type="checkbox"/>					
	Name: Dauphin County - 101 Market St. Smith-Barney Investments			Address: Harrisburg, PA 17101 PO Box 286, NY NY 10274		
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
	Source 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. <input checked="" type="checkbox"/>					
	Source (Name and Address)					
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
	Business Entity (Name and Address)					
	Name: Receivables Management Solutions, Inc., Harrisburg, PA President					
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
	Name and Address of Business					
	Receivables Management Solutions, Inc., Harrisburg, PA 100%					
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
	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 Janis CreasonEnter Current Date 5/31/13

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