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2013 MAY -1 PM 4:08

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

PHYSICIAN GENERAL



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

May 1, 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, Carrie L. DeLone, M.D., 320 North 25th Street, Camp Hill 17011, Cumberland County, Thirty-first Senatorial District, for appointment as Physician General, to serve at the pleasure of the Governor, vice The Honorable Robert Muscalus, Harrisburg, resigned.

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
DeLone Carrie L MD

02 ADDRESS (work or home) City State Zip Code Area Code Phone
320 N. 25th Street Camp Hill PA 17011 717 805-9127

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 Physician General

☐ seeking ☐ hold ☐ held

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 PA Department of Health

B

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: 2012

Physician

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: Address: Interest Rate:

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. ☐ (OFFICIALS USE ONLY)

Name: Holy Spirit Hospital 503 N. 21st St Camp Hill PA 17011

rest: 285 SE 6th Ave E Delray Beach Florida

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

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. ☒

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) Lion Foundation 2627 Chestnut St Camp Hill PA 17011

Name: Holy Spirit Hospital Address: 503 N. 21st St Camp Hill PA 17011

Position Held: Director

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

Enter Current Date 5/8/2013

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