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2013 APR 10 PM 4:30

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OSTEOPATHIC MEDICINE

April 10, 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, Jonathan Ebersole, (Public Member), 512 Rutts Road, Elizabethtown 17022, Lancaster County, Forty-eighth Senatorial District, for appointment as a member of the State Board of Osteopathic Medicine, to serve for a term of four years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Joseph E. Toner, III, Exton, resigned.

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			
E B E R S O L E										J O N A T H A N										E				
02 ADDRESS (work or home)										City	State	Zip Code	Area Code	Phone										
512 Rutts Rd										Elizabethtown	PA	17022	(717) 689-3307											
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 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																								
B <input checked="" type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this block if you are amending an original filing																								
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																								
A 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 STATE Board of Osteopathic																								
B MEDICINE																								
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:												
Account Manager												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"/> ACS, Long Beach, CA 2.65%																								
Name: PSECU Harrisburg, PA 17110 Interest Rate 2.99%																								
Name: American Education Services Harrisburg, PA 17105 Interest Rate 4.55%																								
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. <input type="checkbox"/> (OFFICIAL USE ONLY)																								
Name: The Benecon Group, Inc. Address: 147 West Airport Rd Lititz, PA 17543																								
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>																								
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. <input checked="" type="checkbox"/>																								
Source (Name and Address) Value of Gift																								
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: See # 10 Address: 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) Relationship																								
Transferee (Name and Address) 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, and 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

4/15/13

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

Jonathan Ebersole- Statement of Financial Interests Form

April 15, 2013

#10

American Education Services
1200 N. 7th St.
Harrisburg, PA 17102

ACS
Borrower Services Department
P.O. Box 7051
Utica, NY 13504-7051

PSECU
1 Credit Union Place
Harrisburg, PA 17110

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2013 APR 19 PM 4:14

SENATE OF PA
SECRETARY'S OFFICE

2013 APR 19 P 4:07
STATE ETHICS
COMMISSION