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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 OCCUPATIONAL THERAPY EDUCATION
AND LICENSURE

February 7, 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, Carolyn M. Gatty, 85 Raspberry Lane, Mifflinburg 17844, Union County, Thirty-fourth Senatorial District, for appointment as a member of the State Board of Occupational Therapy Education and Licensure, to serve for a term of three years and until her successor is appointed and qualified, vice Daniel Panchik, DSc. OTR/L, Hershey, resigned.

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

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME GATTY		FIRST NAME CAROLYN		MI M	SUFFIX	
02 ADDRESS (work or home) 85 RASPBERRY LANE MIFFLINBURG		City	State PA	Zip Code 17844	Area Code (570)	Phone 765 2933
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 checked="" 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)						
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 PA STATE LICENSURE BOARD MEMBER						
B AUDITOR & PUBLIC RECORDS OFFICER						
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 OCCUPATIONAL THERAPY EDUCATION + LICENSURE						
B LIMESTONE TOWNSHIP						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) CLINICAL SPECIALIST & OCCUPATIONAL THERAPIST - O.T.				07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 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"/>						
Name: USAA SAVINGS BANK Address: 10250 McDERMOTT FWY Interest Rate: 7.75%						
Master Card SAN ANTONIO TX 78288						
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"/>						
Name: GENESIS REHAB SERVICES Address: 101 E. STATE ST.						
KENNETT SQUARE PA 19348						
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) a) 101 E STATE ST KENNETT SD, PA 19348 Position Held: CLINICAL SPECIALIST						
b) 3840 WILDWOOD, MIFFLINBURG, PA 17844 Position Held: AUDITOR						
Name: LIMESTONE TOWNSHIP AUDITOR						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
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. <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

Enter Current Date

Feb 10 2013

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