

RECEIVED



2013 JUN -3 PM 4:14

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF MEDICINE

June 3, 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, Marilyn J. Heine, MD, FACEP, FACP, 900 Twining Road, Dresher 19025, Montgomery County, Twelfth Senatorial District, for appointment as a member of the State Board of Medicine, 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 Dr. Stephen L. Schwartz, Warrington, 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
	H E I N E	M A R I L Y N	J	

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone
	900 TWINING ROAD	DRESHER	PA	19025	(215)	206-8105

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	<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.) ☒ seeking ☐ hold ☐ held

A M E M B E R

☐ seeking ☐ hold ☐ held

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 S T A T E B O A R D O F M E D I C I N E

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **PHYSICIAN**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: **2 0 1 2**

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:

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. ☐

also see # 12

Name: REGIONAL HEMATOLOGY ONCOLOGY ASSOCIATES Address: 240 Middletown Blvd, Ste 205, Langhorne, PA 19047

EMERGENCY CARE SERVICES OF PENNSYLVANIA, PC 265 Brookview Centre Way, Ste 400, Knoxville, TN 37919

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) *also see # 10 (Position: Physician)*

Name: PENNSYLVANIA MEDICAL SOCIETY Address: 777 E. Park Drive, PO Box 8820, Harrisburg, PA 17105-8820

Position Held: President (2011)

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 Marilyn J. Heine Enter Current Date 06-07-2013

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