



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS

April 12, 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, Janet R. Hess, CADC, NCC, LPC, 305 Skyline Drive North, South Abington Township 18411, Lackawanna County, Twenty-second Senatorial District, for appointment as a member of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, to serve four years and until her successor is appointed and qualified, but not longer than six months beyond that period, vice LeeAnn Eschbach, Scranton, whose term expired.

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
H E S S J A N E T R M S

02 ADDRESS (work or home) City State Zip Code Area Code Phone
305 SKYLINE DRIVE N, J. ABINGTON TWP PA 18411 (570) 586-4718

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) B ☒ Nominee C ☐ Public Official (Current) D ☐ Public Official (Former) E ☐ Public Employee (Current) F ☐ Public Employee (Former) G ☐ Check this block if you are filing as a solicitor. H ☐ 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 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 S O C I A L W O R K E R S M A R R

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:

PROGRAM COORDINATOR 2012

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. ☐

Name: EOTC OF NEPA Address: 431 N. 7TH AVE, SCRANTON PA 18512

PENN STATE UNIVERSITY 120 RIDGE VIEW DR. DUNMORE PA 18512

(OFFICIAL USE ONLY)

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) Position Held

Name: EOTC OF NEPA Address: See #10

PENN STATE UNIVERSITY

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) Interest Held

Transferee (Name and Address) 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; such 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 Janet R. Hess

Enter Current Date 4/17/13

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