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2013 MAY -6 PM 4:13

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS

May 6, 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, Mary Ann Hewston, MPM, BSN, RN, NHA, 10501 State Highway 285, Conneaut Lake 16316, Crawford County, Fiftieth Senatorial District, for reappointment as a member of the State Board of Examiners of Nursing Home Administrators, 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.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

Just did one a month or so ago also.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
HEWSTON MARY A.

02 ADDRESS (work or home) City State Zip Code Area Code Phone
Meadville Medical Center 1034 6th St. Meadville PA 16335 814 333-5960

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 MEMBER ☐ 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 STATE BOARD OF EXAMINERS OF NURSING Home Administrator

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

Healthcare Administrator

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. ☐

Name: Meadville Medical Center Legal Nurse Consultant Address: above in #2 10501 State Hwy 285 Conneaut Lake PA 16317

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)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐

Business Entity (Name and Address)

Name: Same as #10 Address: as above

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

consulting at my home as above in #10

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)

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: Mary Hewston Enter Current Date: 5/12/13

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