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SENATE OF PA
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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

FEB 25 2013

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PHARMACY

February 25, 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, Kishor S. Mehta, (Public Member), 2103 Chablis Court, Gibsonia 15044, Allegheny County, Fortieth Senatorial District, for appointment as a member of the State Board Pharmacy, to serve until September 24, 2014, or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Joseph F. Marino, Philadelphia, resigned.

A handwritten signature in cursive script that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME M E H T A	FIRST NAME K I S H O R	MI S	SUFFIX
02	ADDRESS (work or home) 2103 CHABLIS COURT City GIBSONIA State PA Zip Code 15044 Area Code (724) Phone 443-6003			
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	M E M B E R			
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	S T A T E B O A R D O F P H A R M A C Y			
B				
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Retired		07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2013	
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 checked="" type="checkbox"/>			
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. <input type="checkbox"/>			
Name: See Attached		Address:		(OFFICIAL USE ONLY)
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		
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) • TRIAMOND CORPORATION Name: • PLASCON ASSOCIATES INC.		2103 CHABLIS COURT, GIBSONIA, PA Address: " " " "		Position Held Secretary President
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Name and Address of Business • TRIAMOND CORPORATION, 2103 CHABLIS COURT, GIBSONIA, PA 15044 • PLASCON ASSOCIATES INC., 2103 CHABLIS COURT, GIBSONIA, PA 15044		Interest Held 35% 50%		
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

3/1/2013

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

Kishor S. Mehta- Attachment- State Ethics Commission Statement of Financial Interests Form

Question #10

1. Bayer Pension Fund managed by Vanguard, P O Box 1101 Valley Forge, PA 19412
2. Vanguard IRA- Required Minimum Distribution- P O Box 1101 Valley Forge, PA 19412
3. Triamond Corporation, 2103 Chablis Court, Gibsonia, PA 15044
4. Plascon Associates Inc., 2103 Chablis Court, Gibsonia, PA 15044

2013 MAR -5 P 3:53
STATE ETHICS
COMMISSION

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2013 MAR -5 PM 4:01
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