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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE PENNSYLVANIA COUNCIL ON AGING

April 2, 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, Sara L. Parker, 15 Springcreek Manor, Hershey 17033, Dauphin County, Fifteenth Senatorial District, for reappointment as a member of the Pennsylvania Council on Aging, to serve until October 8, 2015, and until her successor is appointed and qualified.

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

TOM CORBETT  
Governor

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME P A R K E R										FIRST NAME S A R A (S A L U E) L										MI M J		SUFFIX			
02 ADDRESS (work or home) 15 Spring Creek Manor Hershey Pa 17033 (717) 533-0248										City		State		Zip Code		Area Code		Phone							
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 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 checked="" type="checkbox"/> hold <input type="checkbox"/> held																									
A P C O A M E M B E R C H A I R <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> 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 P A C O U N C I L O N A G I N G <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																									
B																									
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Insurance Agent - retired -													07 YEAR The information in blocks 8 through 15 below represents financial interests for the 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 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: Mowery Asso / PISI Address: 1023 Mumma Rd Lemoyne Pa 17043																									
See Attachment Benworth - VA 65X Jacksonville Fla John Hancock, MA 17043																									
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 checked="" type="checkbox"/>																									
Business Entity (Name and Address) Position Held																									
Name: Mowery Asso / PISI Address: 1023 Mumma Rd Lemoyne Pa 17043 Insurance Agent																									
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) Relationship Date Transferred																									
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

Sara L. Porter

Enter Current Date

4/12/2013

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

Sara (Sallie) L. Parker  
Attachment to Statement of Financial Interests Form  
April 12, 2013

Genworth Life Insurance Company  
PO Box 40009  
Lynchburg VA 24506

CSX  
500 Water Street  
Jacksonville FL 32202

John Hancock Long Term Care Insurance  
200 Berkeley Street  
Boston MA 02117

Wells Fargo Advisors  
PO Box 5275  
Sioux Falls SD 57115

Ameraprise Financial  
15 N Rosanna Street  
Hummelstown PA 17036

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2013 APR 17 PM 4:13  
SENATE OF PA  
SECRETARY'S OFFICE

2013 APR 17 PM 4:03  
STATE ETHICS  
COMMISSION