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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF COSMETOLOGY

May 8, 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, Susanne M. Philo, 423 North Turnpike Road, PO Box 373, Dalton 18414, Lackawanna County, Twenty-second Senatorial District, for appointment as a member of the State Board of Cosmetology, to serve until June 20, 2014, and until her successor is appointed and qualified, but not longer than six months beyond that period, vice Wendy Rieland, Glenshaw, resigned.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT  
Governor

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME <b>PHILO</b>		FIRST NAME <b>SUSANNE</b>		MI <b>M</b>	SUFFIX
02 ADDRESS (work or home) <b>423 NO. TWENPIKE RD / PO BOX 373 / DALTON / PA 18414 (570) 563-2066</b>					
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)					
<div style="display: flex; justify-content: space-between;"><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>C <input type="checkbox"/> Public Official (Current)</div><div>D <input type="checkbox"/> Public Employee (Current)</div><div>E <input type="checkbox"/> Check this block if you are filing as a solicitor</div></div> <div style="display: flex; justify-content: space-between;"><div>B <input checked="" type="checkbox"/> Nominee</div><div>C <input type="checkbox"/> Public Official (Former)</div><div>D <input type="checkbox"/> Public Employee (Former)</div><div><input type="checkbox"/> Check this block if you are amending an original filing</div></div>					
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 <b>MEMBER</b>					
B <b>PA COSMO. BOARD MEMBER</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 <b>PA STATE BOARD OF COSMETOLOGY</b>					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <b>Licensed Cosmetologist General Manager</b>				07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: <b>2012</b>	
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 type="checkbox"/>					
Name: <b>FIRST PREMIER BANK</b>				Address: <b>PO BOX 5519</b>	
Master Card				SIOUX FALLS SD 57117-5519	
Interest Rate: <b>0% Currently</b> <b>36% otherwise</b>					
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: <b>NORTHEAST SALON</b>				Address: <b>153 Sterling Rd.</b>	
dba Malcolm's Haircutters				MT. POEN PA 18344	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source 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)					
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)					
Name: <b>Northeast Salons Inc</b>				Address: <b>1538 Sterling Rd. PA 18344</b>	
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					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
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

Enter Current Date

5-17-13

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