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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PODIATRY

May 30, 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, Ralph Schmeltz, MD, FACP, FACE, Four Jaycee Drive, Pittsburgh 15243, Allegheny County, Thirty-seventh Senatorial District, for appointment as a member of the State Board of Podiatry, to serve until November 1, 2015, or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Arvind Cavale, M.D., Holland, resigned.

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

TOM CORBETT  
Governor

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
S C H M E L T Z R A L P H M D

02 ADDRESS (work or home) City State Zip Code Area Code Phone  
4 JAYCEE DRIVE PITTSBURGH PA 15243 (412) 2795138

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 amending an original filing  
B ☒ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

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 BOARD OF PODIATRY

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:

PHYSICIAN 2013

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: SEE ATTACHED 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: SEE ATTACHED Address: (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: PITTSBURGH REGIONAL HEALTH INITIATIVE 650 SMITHFIELD ST Address: PITTSBURGH PA 15222 DIRECTOR

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 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 15 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

6/11/2013

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

STATEMENT OF FINANCIAL INTERESTS

RALPH SCHMELTZ, MD

BLOCK 9	NAME	ADDRESS	INTEREST RATE
	PNC POINTS VISA	PO BOX 8556177 LOUISVILLE, KY 40285	11.990%
	AMERICAN EXPRESS	PO BOX 1270 NEWARK, NJ 07101	PRIME + 1 <sup>9</sup> / <sub>16</sub>
	SUBARU MOTORS FINANCE (2007 TRIBECA)	PO BOX 901076 FORT WORTH, TX 76101	5.9%
	SUBARU MOTORS FINANCE (2011 LEGACY)	PO BOX 901076 FORT WORTH, TX 76101	2.9%
BLOCK 10	NAME	ADDRESS	REASON
	VHS DETROIT RECEIVING HOSPITAL, INC	PO BOX 02789, DMC A/P DETROIT, MI 48202	HONORARIUM FOR TALK,
BLOCK 13	NAME	ADDRESS	POSITION
	Pennsylvania Medical Society	777 East Park Drive Harrisburg, PA 17105	Immediate Past President
	PennMed, the sole shareholder in two for profit subsidiaries, KEYPRO, a utilization management company and PMSCO, a medical consulting company	777 East Park Drive Harrisburg, PA 17105	Immediate Past President

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STATE ETHICS  
COMMISSION

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