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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 MEDICINE

June 3, 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, Sukh Dev Sharma, M.D., F.A.C.P., F.A.C.C., 4914 Tramarlac Lane, Erie 16505, Erie County, Forty-ninth Senatorial District, for appointment as a member of the State Board of Medicine, to serve for a term of four years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice James W. Freeman, M.D., Shippensburg, whose term expired.

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

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME S H A R M A		FIRST NAME S U K H		MI D	SUFFIX M D	
02 ADDRESS (work or home) 4914 TRANARLAC LN.		City ERIE	State PA	Zip Code 16505	Area Code (814)	Phone 838-7248
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)						
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 <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held						
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 M E D I C I N E O F P E N						
B N S Y L V A N I A						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) PHYSICIAN (CARDIOLOGIST)			07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR 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 type="checkbox"/>						
Name: First National Bank (Auto Loan)			Address: 4140 EAST STATE ST. HERMITAGE, PA 16148		Interest Rate 5% 2013	
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: Investment income - See Attached			Address: 120 East Second St. ERIE, PA 16507			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
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)			Circumstances (including description) of Gift			
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) As a Cardiologist with MEDICOR Associates,			Address: 120 E Second St. ERIE, PA 16507			
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)			Interest Held			
Transferee (Name and Address)			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

S. Sharma

Enter Current Date

June 7, 2013

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

Sukh Sharma

#10

Investment Income:

Merrill Lynch- 510 Cranberry Street, Erie, PA 16507

ING- Professional Building, Peach Street, Erie, PA 16509

HBKS- 235 West 6th Street, Erie PA 16507

2013 JUN 11 PM 4 17
STATE ETHICS
COMMISSION

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2013 JUN 11 PM 4:27
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