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2013 MAY 28 PM 4:30

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE PENNSYLVANIA DRUG, DEVICE AND COSMETIC BOARD

May 28, 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, Thomas Weida, MD, 1011 Handsome Place, Lititz 17543, Lancaster County, Thirty-sixth Senatorial District, for appointment as a member of the Pennsylvania Drug, Device and Cosmetic Board, 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 Andrew J. Behnke, M.D., Carlisle, resigned.

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

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
WEIDA THOMAS J

02 ADDRESS (work or home) City State Zip Code Area Code Phone
1011 HANDSOME PLACE LITITZ PA 17543 (717) 627-1340

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 filing as a solicitor

B ☒ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☐ hold ☐ held

A MEMBER ☐ seeking ☒ hold ☐ held

B MEMBER

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 DRUG, DEVICE AND COSMETIC BOARD

B PHCY PAYMENT DATA ADVISORY GROUP

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 2012

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 box. ☐

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: SEE ATTACHED Address:

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 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 6/2/2013

Commonwealth of Pennsylvania
Pennsylvania State Ethics Commission
Statement of Financial Interests

Weida, Thomas J.
1011 Handsome Place, Lititz, PA 17543

Item 09 Creditors

FULTON BANK, P.O. BOX 790408, ST. LOUIS, MO 63179-0408, INTEREST RATE: 12.24%
AT&T UNIVERSAL REWARDS CARD, P.O. BOX 6500, SIOUX FALLS, SK 57117-6500, INTEREST
RATE: 29.95%
SALLIE MAE DEPARTMENT OF EDUCATION LOAN SERVICES, P.O. BOX 9635, WILKES-BARRE, PA
18773-9635, INTEREST RATES: 8.250%, 7.650%, 5.750%

Item 10 Direct or Indirect Sources of Income

THE M S HERSHEY MEDICAL CENTER, 500 UNIVERSITY DRIVE, P.O. BOX 850, HERSHEY, PA 17033
AMERICAN ACADEMY OF FAMILY PHYSICIANS, 11400 TOMAHAWK CREEK PARKWAY, LEAWOOD,
KS 66211-2672
PENNSYLVANIA MEDICAL SOCIETY, 777 E. PARK DRIVE, P.O. BOX 8820, HARRISBURG, PA 17105

Item 13 Office, Directorship or Employment in Any Business

THE M S HERSHEY MEDICAL CENTER, 500 UNIVERSITY DRIVE, P.O. BOX 850, HERSHEY, PA
17033, PHYSICIAN EMPLOYEE
PENNSYLVANIA MEDICAL SOCIETY, 777 E. PARK DRIVE, P.O. BOX 8820, HARRISBURG, PA 17105,
BOARD OF DIRECTORS MEMBER

*The American Academy of Family Physicians, 11400 Tomahawk
Creek Parkway, Leawood KS 66211-2672 - Allstate Delegate*

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2013 JUN -7 PM 4:51
SENATE OF PA
STATE ETHICS
SECRETARY'S OFFICE
COMMISSION