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THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE BOARD OF PHYSICAL THERAPY

March 28, 2013

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

Please note the nomination dated March 20, 2013, for the appointment of Kevin (Otis) Fitzgerald, ATC, MSPT, 300 Heinz St. #C-512, Pittsburgh 15212, Allegheny County, Thirty-eighth Senatorial District, for appointment as a member of the State Board of Physical Therapy, to serve until October 2, 2015, and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Beth Carr, Danville, whose term expired, should be corrected to read:

Kevin (Otis) Fitzgerald, ATC, MSPT, 590 S. Aiken Avenue, Pittsburgh 15232, Allegheny County, Forty-third Senatorial District, for appointment as a member of the State Board of Physical Therapy, to serve until October 2, 2015, and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Beth Carr, Danville, whose term expired.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
F I T Z G E R A L D K E V I N G

02 ADDRESS (work or home) City State Zip Code Area Code Phone
590 SOUTH AIKEN AVE PITTSBURGH PA 15232 412 362-3202

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) E ☐ Check this block if you are amending an original filing as a solicitor

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

A 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 PA STATE BOARD OF PHYS THERAPY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

PHYSICAL THERAPIST

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 ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box ☒

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 box ☐

Name: DRAVER PHYS THER INST Address: 8205 PRESIDENTS DR
DUQUESNE UNIVERSITY - 500 Forbes Ave Pittsburgh PA 15026 HUMMELSTOWN PA 17036

11 GIFTS (See instructions on page 2) If NONE, check this box ☒ 15282

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 ☒

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) DUQUESNE UNIVERSITY 8205 PRESIDENTS DR
Name: DRAVER PHYSICAL THERAPY Address: HUMMELSTOWN PA 17036

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)

Transferee (Name and Address)

Interest Held 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 Kevin Fitzgerald Enter Current Date 3-30-13

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