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2013 APR 10 PM 4:30

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF MASSAGE THERAPY

April 10, 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, Camille Baughman, BS, MA, LMT, 24 Walnut Street, Carlisle 17013, Cumberland County, Thirty-first Senatorial District, for appointment as a member of the State Board of Massage Therapy, to serve until October 9, 2015, or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Robert Jantsch, Pittsburgh, whose term expired.

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
BAUGHMAN CAMILLE A

02 ADDRESS (work or home) City State Zip Code Area Code Phone
24 WALNUT ST CARLISLE PA 17013 (717) 385-2170

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) B Nominee
C Public Official (Current) D Public Official (Former)
E Public Employee (Current) F Public Employee (Former)
Check this block if you are filing as a solicitor
 Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
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 STATE BOARD OF MASSAGE THERAPY
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:
MASSAGE THERAPIST 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: CAPITAL ONE CREDIT CARD Address: PO BOX 30285 SALT LAKE CITY UTAH Interest Rate: 11.90%
ADDITIONAL pg

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: Camille Baughman & Associates Address: 218 YORK RD CARLISLE PA
Lancaster school of Massage 313 West Liberty Street Lancaster PA (ADDITIONAL pg)

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift: 14 326
Address of Source of Gift: Circumstances (including description) of Gift
Value of Gift: 2012 PR 9

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address): Value: 4:07

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): See H 10 (2-6) Also See H 10 (2-6)
Name: Camille Baughman & Associates Address: 218 YORK RD CARLISLE PA 17013
Teacher

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: Camille Baughman & Associates 218 YORK RD CARLISLE PA 17013
Interest Held: 19%
Date Transferred: 4:14

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: Camille A. Baughman Enter Current Date: 4/16/2013

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

39 CREDITORS

Carmille ISHAYMIR

Wells Fargo Dealer Services,

PO Box 25341

SANTA ANA, CALIF 92799

4.14%

Stallie MAE School Loan,

PO Box 9500
Wilkes-Barre, PA

18773

2.62%

CARE CREDIT - GE CAPITAL Retail
BANK

PO Box 965035
ORLANDO, FLA

0%

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SENATE OF PA
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STATE ETHICS
COMMISSION

3) Asbury Communities
(referral sources)

20030 Century Blvd
Suite 300
Germantown, MD 20894

4) YWCA of Carlisle
(referral sources)

301 G Street
Carlisle, PA 17013

5) Dickinson College
(referral sources)

PO Box 1773
Carlisle, PA 17013

6) Take Shape for Life
(referral sources)

11444 Cranhill Dr
Owings Mills, MD 21117

7) REED Family Investment
Properties (trust fund)

Church Street
Dudley, PA

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STATE ETHICS
COMMISSION

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