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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION

May 19, 2011

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, Karen Dougherty Buchholz, 6262 Henry Lane, Flourtown 19031, Montgomery County, Seventh Senatorial District, for appointment as a member of the Pennsylvania Historical and Museum Commission, to serve until the third Tuesday of January 2015, and until her successor is appointed and qualified, vice Flora L. Becker, Philadelphia, 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  
 B U C H H O L Z K A R E N D

02 ADDRESS City State Zip Code Area Code Phone  
 COMCAST CORP, ONE COMCAST CENTER, PHILADELPHIA, PA 19103 (215) 286-8520

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 PA HISTORICAL & MUSEUM COMM'N  seeking  hold  held

B COMMISSIONER

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

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:

EXECUTIVE 2010

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 block.

Name: BENEFICIAL BANK Address: 510 WALNUT STREET  
 (DIRECTOR FEE) PHILADELPHIA, PA 19106

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)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Name (Name and Address) Position Held

COMCAST CORP., V.P. ONE COMCAST CENTER, PHILADELPHIA, PA 19103

Name: BENEFICIAL BANK, DIRECTOR Address: 510 WALNUT ST, PHILADELPHIA, PA 19106

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 Rate

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. § 4104 (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: *[Signature]* Enter Current Date: 5/24/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BUCHANAN KAREN D

02 ADDRESS City State Zip Code Area Code Phone  
COMCAST CORP ONE COMCAST CENTER PHILADELPHIA PA 19103 ZIP 786 6970

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 PA HISTORICAL & MUSEUM COMM'N  
B COMMISSIONER

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  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) EXECUTIVE  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year, indicated: 2010

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:  
STATE ETHICS COMMISSION  
JUN MAY 7 AM 11:20

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: BENEFICIAL BANK Address: 510 WALNUT STREET PHILADELPHIA, PA 19106  
\* Also see # 13 (DIRECTOR FEE)

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)  
SECRETARY'S OFFICE  
JUN MAY 27 AM 11:20  
RECEIVED

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  
COMCAST CORP, V.P. ONE COMCAST CENTER PHILA PA 19103  
Name: BENEFICIAL BANK, DIRECTOR Address: 510 WALNUT ST PHILA PA 19106

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)

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Signature: [Signature] Enter Current Date: 5/24/11

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