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SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

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NOV 14 2011

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PSYCHOLOGY

November 9, 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, Steven R. Cohen, Ph.D., FPPR, 967 Street Road, Southampton 18966, Bucks County, Twelfth Senatorial District, for appointment as a member of the State Board of Psychology, 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 Alex Siegel, Penn Valley, 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

COHEN STEVEN R

02 ADDRESS City State Zip Code Area Code Phone

967 STREET RD SOUTHAMPTON PA 18966 215 364-8700

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

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 PSYCHOLOGY

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

PSYCHOLOGIST

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

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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: STEVEN R. COHEN, PH.D. Address: 967 STREET RD SOUTHAMPTON PA 18966

(ERROR) SAC

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

MY PRACTICE Name: STEVEN R COHEN PH.D. Address: 967 STREET RD SOUTHAMPTON PA 18966

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

Source of Gift: SOUTHAMPTON

Address of Source of Gift: 967 STREET RD SOUTHAMPTON PA 18966

Circumstances (including description) of Gift: 100% EQUITY

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 Entity (Name and Address):

Name: SEE #10 Address: Position Held: OWNER

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: MY PRACTICE STEVEN R COHEN, PH.D. Interest Held: 100%

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: *Steven R Cohen* Enter Current Date: 1/24/2012

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