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2011 SEP 28 PM 3: 53 COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE ANIMAL HEALTH AND DIAGNOSTIC COMMISSION

September 28, 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, Michael H. Firestine, 4520 Conrad Weiser Parkway, Womelsdorf 19567, Berks County, Forty-eighth Senatorial District, for appointment as a member of the Animal Health and Diagnostic Commission, to serve for a term of four years and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Thomas B. Williams, Middletown, 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

F	i	r	e	s	t	i	n	e							M	i	c	h	a	e	l								H			
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02 ADDRESS City State Zip Code Area Code Phone

14520 Conrad weiser Parkway Womelsdorf Pa 19567 (717) 866-4662

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 c o m m i s s i o n e r

B *Agricultural* seeking hold held

a d v i s o r y B o a r d

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 A n i m a l H e a l t h a n d D i a g n o s t i c

B D e p a r t m e n t o f E n v i r o n m e n t a l P r o

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:

Agriculture Banker 2 0 1 0

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

none

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

Name: *Fulton bank* Address: *555 Willow Street, Lebanon, Pa. 17042*

Fulton Bank *555 Willow Street, Lebanon, Pa. 17042*

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: *MAP Farm* Address: *4520 Conrad Weiser Pkwy, Womelsdorf, Pa 19567*

Fulton Bank *555 Willow Street, Lebanon, Pa 17042*

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value 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) *Also see H10* Position Held *owner*

Name: *Fulton Bank na* Address: *555 Willow Street, Lebanon, Pa. 17042* *Senior Vice President*

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

MAP Farm 4520 Conrad Weiser Parkway, Womelsdorf, Pa 19567 *100%*

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held

Transferee (Name and Address) 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 Michael V. Treaster Enter Current Date November 14, 2011

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

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 2011 NOV 16 PM 4:06
 SENATE OF PA
 SECRETARY'S OFFICE
 STATE ETHICS COMMISSION
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