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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PSYCHOLOGY



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

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, Jeffrey Fremont, Ph.D., 1264 Wyoming Avenue, Forty-Fort 18704, Luzerne County, Twentieth 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 Patricia Bricklin, Wayne, deceased.

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 R E M O N T J E F F R E Y I

02 ADDRESS City State Zip Code Area Code Phone

1264 Wyoming Avenue Forty Fort PA 18104 717 288-8797

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 G  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 PSYCHOLOGISTS

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.

Psychologist 2011 0

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: Tipta Financial Service Address: P.O. Box 5855, Carol Stream, IL Interest Rate: 0%

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: Jeffrey Fremont, Ph.D. Address: 1264 Wyoming Ave., F-F-PA

See attached

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

Source 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): Position Held

Name: Jeffrey Fremont, Ph.D. & Assoc. Address: 1264 Wyoming Ave, Forty Fort, PA 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: Interest Held

Jeffrey Fremont, Ph.D. 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 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 Jeffrey Fremont Enter Current Date 11/18/11

**Jeffrey Fremont, Ph.D.  
1264 Wyoming Avenue  
Forty-Fort, PA 18704**

November 18, 2011

Question #10: Sources of Income

Real Estate Rentals 2010:

Faith Siliekus  
172 Simpson Street  
Swoyersville, PA 18704

Harry Collins and  
Rachel Mackie  
18 North Goodwin Ave.  
Kingston, PA 18704

Alan Petroski  
1264 Wyoming Avenue  
Second Floor  
Forty-Fort, PA 18704

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STATE ETHICS  
COMMISSION

Control Number

CORRECTED (if checked)

12/10/10

PAYER'S name, street address, city, state, and ZIP code

DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130

1 Gross distribution

\$

2a Taxable amount

\$

2b Total distribution

OMB No. 1545-0119

2010

Form 1099-R

Distributions From Pensions, Annuities, Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S Federal identification number

RECIPIENT'S identification number

RECIPIENT'S name, street address, city, state, and ZIP code

JEFFREY I FREMONT  
1264 WYOMING AVE  
FORTY FORT, PA 18704-4138

4 Federal income tax withheld

\$

7 Distribution code

7

9 Your percentage of total distribution

%

10 State tax withheld

\$

11 State/Payer's state no.

Copy B

Report this Income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service

Form 1099-R

Department of the Treasury - Internal Revenue Service

STATE ETHICS COMMISSION

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Question # 10: Sources of Income