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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF POLK CENTER



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

October 20, 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, Albert M. Geniviva, R.Ph., 4922 Canyon Creek Trail, Gibsonia 15044, Allegheny County, Fortieth Senatorial District, for reappointment as a member of the Board of Trustees of Polk Center, to serve until the third Tuesday of January 2017, and until his successor is appointed and qualified.

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
G E N I V I V A A L B E R T M

02 ADDRESS City Gibsonia State PA Zip Code 15044 Area Code 724 Phone 544 1852

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)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A MEMBER BOARD OF TRUSTEES
B MEMBER BOARD OF TRUSTEES

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 POLK CENTER DEPT PUBLIC WELFARE
B POLK CENTER DEPT PUBLIC WELFARE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) PHARMACIST
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: SEE ATTACHED Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on page 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: VETERANS ADMINISTRATION HOSPITAL UNIVERSITY DRIVE 169H PA THE MEDICINE SHOPPE
Address: 18 N. MILL ST. NEW CASTLE PA / ELLWOOD CITY PA / YOUNGSTOWN OH

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

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) PROFESSIONAL CARE SPECIALISTS, INC 16101
Name: aka THE MEDICINE SHOPPE Address: 18 N. MILL ST NEWCASTLE, PA Position Held: 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: See # 13 Interest Held: 50%

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

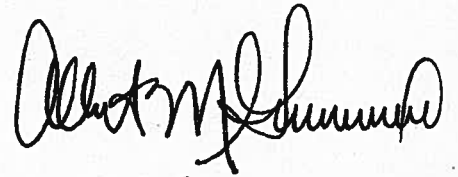
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: Albert Mark Genuardi Enter Current Date: Oct 25, 2011

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

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SECRETARY'S OFFICE
STATE ETHICS COMMISSION

Statement of Financial Interests for Albert M. Geniviva for year 2010.



OCT 25, 2011

Question #9

Creditors	Interest Rate
PSECU	6.24% (Mazda)
P.O.Box 36001	6.49% (VW)
Harrisburg, PA 17106-7012	
MetLife	7.25%
P.O.Box 630327	7.25%
Irving, TX 75063-0117	7.25%
(mortgages for rental properties)	

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The following is a list of properties owned by Albert M. Geniviva and Janice T. Geniviva and the tenants from whom we received rent money:

20 Wilmette Lane
Youngstown, OH 44505

Hector M. And Ruth D. Ortiz

131 W. Princeton Ave
Youngstown, OH 44507

Tedarro J. Williams

1310 Campbell St.
Youngstown, Oh 44502

Vacant during 2010
(Sold in 2011)

160 Pittsburgh Circle
Ellwood City, PA 16117

Apartment 1

Mr. Robert Locke

Apartment 2

Mrs. Nataline Decarbo

Apartment 4

Mr. Ed and Mrs. Beth Wymer

Apartment 5

Ms. Kevin Miles

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