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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION
AND LICENSURE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

August 17, 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, Kerri L. Hample, OTD, OTR, 17 Laurel Ridge Lane, Lititz 17543, Lancaster County, Thirty-sixth Senatorial District, for reappointment as a member of the State Board of Occupational Therapy Education and Licensure, to serve for a term of three years and until her 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
 H A M P L E K E R R I L D R

02 ADDRESS City State Zip Code Area Code Phone
 17 LAUREL RIDGE LANE LEWIS PA 17033 627-1503

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) H 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 B O A R D M E M B E R seeking hold held

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 P O A - S T B d o f O C C U P A T I O N A L T H E R A P Y

X Education + Licensure

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: 2010

PROFESSOR / OCCUPATIONAL THERAPIST

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: ELIZABETHTOWN COLLEGE Address: ONE ALPHA DRIVE EDWANA, PA 17022

STATE ETHICS COMMISSION NOV-4-10

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): 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: ELIZABETHTOWN COLLEGE Address: ONE ALPHA PK. VIS. ASSISTANT PROFESSOR

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): Transferee (Name and Address): Interest 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, and 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 Kerri Sample Enter Current Date 9/17/11

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