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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OSTEOPATHIC MEDICINE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

July 1, 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 A. Heebner, D.O., 116 Haws Lane, Flourtown 19031, Montgomery County, Seventh Senatorial District, for reappointment as a member of the State Board of Osteopathic Medicine, 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.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **NEEBNER** FIRST NAME **JEFFREY** MI **A** SUFFIX **JR**

02 ADDRESS **116 Haws Lane Plantation PA 19031** State Area Code Phone **315-233-0123**

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 **STATE BOARD OSTEOPATHIC MEDICINE**

seeking hold held

B **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 OSTEOPATHIC MEDICINE**

B

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

07 YEAR The information in blocks 3 through 15 now 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: 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: **Nicholson Medical Associates** Address: **2705 DeKalb St Norristown PA 19401**

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): Name: **Nicholson Medical Associates** Address: **2705 DeKalb St Norristown PA 19401** Position Held: **Physician**

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 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 Neebner* Enter Current Date 7/5/2011

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

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JUL 15 PM 07
STATE ETHICS COMMISSION OFFICE