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SENATE OF PA
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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION
AND LICENSURE

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, Christine L. Hischmann, MS, OTR/L, FAOTA, R.R. 1 Box 501, Falls 18615, Wyoming County, Twentieth 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: H I S C H M A N N FIRST NAME: C H R I S T I N E MI: L SUFFIX:

02 ADDRESS: 576 Spring Hill Drive City: Falls State: PA Zip Code: 17615 Area Code: (570) Phone: 378-3194

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 M E M B E R

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, township, etc.)

A B O A R D O C C U P A T I O N A L T H E R A P Y

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.

Occupational Therapist 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: American Express Address: P.O. Box 297812 Ft. Lauderdale, FL Interest Rate: 15.24%
Brooks Bros MasterCard P.O. Box 965 803 Orlando, FL 14.24%

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: Hospice of the Sacred Heart Address: 100 Baltimore Ave 1451 Hillside Dr, Philadelphia University Henry Ave Philadelphia, PA

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) Position Held

Name: Dept Public Welfare Address: 1451 Hillside Dr. Occupational Therapist

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: Christine J. Hishmann Enter Current Date: 09/01/2011

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

Christine L. Hischmann

Statement of Financial Interests

page 2

#13. Office, Directorship or Employment in any Business - additional

Hospice of the Sacred Heart, 700 Baltimore Ave., Wilkes Barre, PA 18702

Philadelphia University, Henry Ave. and Gypsy Lane, Philadelphia, PA 19144

STATE ETHICS
COMMISSION

2011 SEP 30 P 2:54

SENATE OF PA
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