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COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR

HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS

August 19, 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, Diane Howarth, RN, BS, CHPN, 759 Drytown Road, Holtwood 17532, Lancaster County, Thirteenth Senatorial District, for appointment as a member of the State Board of Examiners of Nursing Home Administrators, to serve for a term of four years or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Romaine J. Campenni, Pittston, whose term expired.

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 O W A R T H D I A N E N S

02 ADDRESS City State Zip Code Area Code Phone

759 DRY TOWN RD HOLYWOOD PA 17532 (717) 384 1013

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 OF EXAMINERS NURSING seeking hold held

B

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 Home Admin. member

B

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

R.N. C.O.O.

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2011

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: BELCO CREDIT UNION Address: 201 GOOD DRIVE LANCASTER PA 17603 Interest Rate: 4%

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 CENTRAL PA Address: 1320 LINGLESTOWN ROAD HARRISBURG PA 17110

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: HOSPICE OF CENTRAL PA Address: 1320 LINGLESTOWN RD HARRISBURG PA 17110 Position Held: CHIEF OPERATING OFFICER

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: Diane Howarth Enter Current Date: 8/30/11

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

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2011 SEP 12 PM 1:19
SENATE ETHICS COMMISSION
SECRETARY'S OFFICE