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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE BOARD OF TRUSTEES OF WHITE HAVEN CENTER

August 31, 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, Thomas G. Kashatus, 55 Newport Street, Glen Lyon 18617, Luzerne County, Fourteenth Senatorial District, for reappointment as a member of the Board of Trustees of White Haven 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

KASHATUS THOMAS G

02 ADDRESS City State Zip Code Area Code Phone

55 NEWPORT ST. GLEN LYON PA 18617 570 736-6981

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 COMMISSIONER-NEWPORT TWP seeking hold held

B MEMBER-WHC 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 PA DEP OF CORRECTIONS-CO

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the 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: APARTMENTS Address: 77-79 W. MAIN ST GLEN LYON, PA 18617

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) and Value:

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): WAG RELATIVES & FRIENDS ASSN. NEWPORT TWP COMMUNITY ORG. Address: 55 NEWPORT ST, GLEN LYON, PA 110 1/2 RAILROAD ST, NANTICOCO 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: 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 Thomas Kashatus Enter Current Date SEP 6, 2011

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

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2011 SEP 30 PM 3:05
SECRETARY'S OFFICE
STATE ETHICS COMMISSION