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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF CHIROPRACTIC

June 3, 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, Kathleen G. McConnell, D.C., 334 Castlegate Road, Pittsburgh 15221, Allegheny County, Forty-third Senatorial District, for reappointment as a member of the State Board of Chiropractic, 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.

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
 MCCONNELL KATHLEEN 6 DC

02 ADDRESS
 331 Eastgate Road Pittsburgh PA 15221 (412) 371-7152

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 hold

A STATE BOARD OF CHIROPRACTIC 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 DEPARTMENT OF STATE

B BPOA

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 shall represent financial interests for the PRIOR calendar year indicated.

CHIROPRACTOR

08 REAL ESTATE INTERESTS (See instructions on page 2) NONE check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) NONE check this box.

Name: Parkview Savings Bank Address: less than \$6500.00 should be none

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: Sq Hill Chiropractic Care, Inc Address: 2728 Munday Ave BkPA 15217
 Care Network (same address)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) NONE check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) NONE check this box.

Business Entity (Name and Address) Name: Care Network Address: 2728 Munday Ave BkPA 15217 Position Held: Partner/Chiropric VP

FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) NONE check this box.

Name and Address of Business: Squell Hill Chiropractic my title is VP Interest Held: husband holds 5%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) 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, 85 Pa.C.S. §1109(b).

Signature: Kathleen A McConnell Enter Current Date: 6-9-11

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