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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF FUNERAL DIRECTORS



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

November 4, 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, Donald J. Murphy, (Public Member), 348 North 24<sup>th</sup> Street, Camp Hill 17011, Cumberland County, Thirty-first Senatorial District, for reappointment as a member of the State Board of Funeral Directors, to serve for a term of five years and 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 FIRST NAME MI SUFFIX  
MURPHY DONALD U

02 ADDRESS City State Zip Code Area Code Phone  
348 N. 24th STREET CAMP HILL PA 17011 (717) 337-1491

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 MEMBER BOARD  
SEEKING REAPPOINTMENT  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 STATE BOARD OF FUNERAL DIRECTORS  
B

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.  
RETIRED 2010

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

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

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. (OFFICIAL USE ONLY)  
Name: NONE OTHER THAN STATE EMPLOYERS RETIREMENT SYSTEM HARRISBURG PA 17110 Address: 30 N. 3rd St

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  
NONE

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value  
NONE OTHER THAN FRIENDS

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Name: Address: Position Held

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) Interest Held Relationship Date Transferred  
Transferor (Name and Address)

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 Donald J. Murphy Enter Current Date 11/9/2011

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

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2011 NOV 16 PM 4:05  
STATE OF PA  
SECRETARY'S OFFICE  
ETHICS COMMISSION