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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF THE DANVILLE STATE HOSPITAL

July 28, 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, Ted A. Nichols, II, 102 Spruce Court, Annville 17003, Lebanon County, Forty-eighth Senatorial District, for appointment as a member of the Board of Trustees of the Danville State Hospital, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice Leonard P. Majikas, ACSW, Ph.D., Bloomsburg, deceased.

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
 N I C H O L S T E D A I I

02 ADDRESS City State Zip Code Area Code Phone
 102 Spruce Ct Annville PA 17023 (717) 473-3548

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 B o a r d o f T r u s t e e s seeking hold held

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 D a n v i l l e S t a t e H o s p i t a l - D P W

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:

Public Affairs Specialist 2 0 1 0

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

NIA

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

Name: New Cumberland FCU Address: 345 Lewisberry Rd New Cumberland, PA 17072 Interest Rate: 6.25% to 10.00%

AAFEs - Exchange Credit Program Po Box 650410 Dallas, TX 75265

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: Pennsylvania National Guard / Dept of Defense Address: Public Affairs Office Bldg 8 Fort Indiantown Gap Annville, PA 17023

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

Source of Gift Value of Gift

NIA

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

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

Source (Name and Address) Value

NIA

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: Pennsylvania National Guard / Dept of Defense Address: Public Affairs Office Fort Indiantown Gap Annville PA 17023 Public Affairs Specialist

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

NIA NIA

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

Transferee (Name and Address) NIA NIA

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

Enter Current Date

12 Aug 2011

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