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SENATE OF PA
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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE APPALACHIAN STATES LOW-LEVEL RADIOACTIVE WASTE
COMMISSION

June 9, 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, Stephen M. Ostroff, M.D., (Alternate Member), 310 Autumn Chase, Harrisburg 17110, Dauphin County, Fifteenth Senatorial District, for appointment as a member of the Appalachian States Low-Level Radioactive Waste Commission, to serve at the pleasure of the Governor, vice James Logue, Dr.P.H., M.P.H., Camp Hill, serves at the pleasure of the Governor.

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

O	S	T	R	D	F	F													
S	T	E	P	H	E	N													

02 ADDRESS City State Zip Code Area Code Phone

RM 933 625 FORSTER ST HARRISBURG PA 17120 (717) 787-3350

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 M U S M B E R seeking hold held

B P H Y S I C I A N G E N E R A L (A C T I N G) 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 A P P A L A C H I A N L O W - L E V E L R A D I A T I D

B D E P A R T M E N T O F H E A L T H

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

PHYSICIAN

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR 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.

See Attached

Name: Commonwealth of PA (Dept. of Health) Address: 625 Forster St. 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)

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)

Name: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS 2872 WOODCOCK BLVD ATLANTA GA 30341 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 [Signature] Enter Current Date AUG 3, 2011

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Statement of Financial Interests – Addendum
Stephen M. Ostroff

Question 4.c. Bureau Director (Hold)

Question 5.c. Department of Health

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Statement of Financial Interest for 2010
Stephen M. Ostroff
Addendum

Block 10. Direct or Indirect Sources of Income

Name	Address
Hue Properties - Rental Agent	1323 Kamehame Drive Honolulu HI 96825
Bond Fund of America - American Funds	PO Box 2280 Norfolk VA 23501-2280
Investment Co of America - American Funds	PO Box 2280 Norfolk VA 23501-2280
Morgan Stanley & Company - Mutual Funds	6465 Greenwood Plaza Blvd Englewood CO 80111-4905
Food & Agriculture Organization	Viale della Terme di Caracalla 00153 Rome Italy

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