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2011 MAY 19 PM 3: 53

SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION

May 19, 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, Fredrick C. Powell, 690 Moores Mountain Road, Mechanicsburg 17055, York County, Thirty-first Senatorial District, for appointment as a member of the Pennsylvania Historical and Museum Commission, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice Wayne S. Spilove, Philadelphia, whose term expired.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT  
Governor

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **POWELL** FIRST NAME **FREDRICK** MI **C** SUFFIX **MR**

02 ADDRESS **690 MOORES MOUNTAIN ROAD** City **MECHANICS BURG** State **PA** Zip Code **17055** Area Code **717** Phone **697-7186**

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 filling 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**  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 **PA HISTORICAL AND MUSEUM COMMI**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Retired HealthCare Executive**

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.  NONE

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.  (OFFICIAL USE ONLY)

Name: **Compania / Ionia CORA** Address: **111 Berry Street Vienna VA 22180 111 A Shawnee Rd Lima, OH 45802**

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

Source of Gift Value of Gift

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

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

Business Entity (Name and Address) **Pls See #14 110 Shawnee Rd, Box 150**

Name: **CORA Health Services, Inc** Address: **Lima, OH 45802** Position Held **Director**

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 **OMNI INTERACTIVE SYSTEMS, 861 Market St. Lemoyne, PA 17042** Interest Held **50%**

**50% ownership - CEO -**

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)

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 *Fred Powell* Enter Current Date 5/24/11

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

RECEIVED  
JUN - 1 PM 3:43  
STATE ETHICS COMMISSION  
SECRETARY'S OFFICE

Supplement to Statement of Financial Interests  
Fredrick C. Powell

Block 10

Property Rent

1-4 Maple Hollow, Duncausville, PA

521 Old Orchard Lane, Camp Hill, PA 17011

4467 Woodcrest Dr., Elizabethtown, PA 17022

3770 Derry Street, ~~4467~~ Harrisburg, PA

905 Mountain View Road, Shermansdale, PA 17090

861 Market Street, Lenoire, PA 17043

RECEIVED  
2011 JUN - 1 PM 3:45  
SENATE OF PA  
SECRETARY'S OFFICE  
STATE ETHICS  
COMMISSION

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 POWELL FREDRICK C HRS

02 ADDRESS City State Zip Code Area Code Phone  
 690 HOOKS MOUNTAIN ROAD MECHANICSBURG, PA 17055 717 627-7101

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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  seeking  hold  held

B

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A PA HISTORICAL AND MUSEUM COMMI

B

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Retired HealthCare Executive 2010

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NONE

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: Campania/Ionia CORA Address: 22180 11055 School Rd, Cora, PA 17002 45802

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)

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

Source (Name and Address) Value

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

Business Entity (Name and Address) P/S Sec H 14 110 Shawnee Rd, Box 150  
 Name: CORA Health Services, Inc Address: Lima, OH 45802 Position Held: Director

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: OMAN INTERACTIVE SYSTEMS, 861 Market St, Lemoyne, PA 17042  
 50% ownership - CEO Interest Held: 50%

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Signature Frederick Powell Enter Current Date 5/24/11

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