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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 POLK CENTER

July 25, 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, Jayne L. Romero, 177 Pump Station Road, Titusville 16354, Venango County, Twenty-first Senatorial District, for appointment as a member of the Board of Trustees of Polk Center, to serve until the third Tuesday of January 2013, and until her successor is appointed and qualified, vice Gary Hutchison, Franklin, resigned.

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  
Romeo Jayne L

02 ADDRESS City State Zip Code Area Code Phone  
177 Pump Station Road Tusville PA 16354 (814) 672-2853

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 BOARD OF TRUSTEES POLK CENTER  
B ADMINISTRATOR Venango Co. MHMR

05 GOVERNMENTAL ENTITY in which you are or were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp., etc.)  
A POLK CENTER  
B VENANGO COUNTY MHMR

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.  
ADMINISTRATOR 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: Fifth Third Bank Address: P.O. Box 630778  
See Attachment Cinn, Ohio 45263 Interest Rate: 4.2%

10 DIRECT OR INDIRECT SOURCES OF INCOME (including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: Venango County Address: 1 Dale Ave., Franklin PA 16803  
New Directions Psychiatry, P.C. 406 W 1st Street, Oil City PA 16232

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): \_\_\_\_\_

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): \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name: New Directions Psychiatry P.C. Address: 406 W 1st Street Oil City PA 16232 Treasurer

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: \_\_\_\_\_  
New Directions Psychiatry P.C. 50% share holder  
in husband's name

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_  
Transferee (Name and Address): \_\_\_\_\_ 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: Jayne Romeo Enter Current Date: 10/11/2011

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

9. Creditors (Continued)

First National Bank	210 13 <sup>th</sup> Street, Franklin, PA 16332	10% (Business Loan)
Northwest Savings Bank	1301 Liberty Street, Franklin, PA 16323	6.25% (Home for a parent)

10. Direct/indirect Sources of Income:

Rental Income from Tom and Kim Carothers 734 Davis Road, Titusville, PA 16354

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STATE ETHICS  
COMMISSION

2011 OCT 14 PM 3: 44  
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