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2011 DEC 23 AM 11:10

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PHYSICAL THERAPY

December 23, 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, Timothy M. Schell, P.T., 201B Erie Street, Grove City 16127, Mercer County, Fiftieth Senatorial District, for reappointment as a member of the State Board of Physical Therapy, to serve until October 2, 2013, 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

S C H E L L E T I M O T H Y M P T

02 ADDRESS City State Zip Code Area Code Phone

319 Nicholas Court GROVE CITY Pa 16127 (717) 992-1574

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 E M B E R S T A T E B O A R D P H Y S I C A L T H E R A P Y

seeking hold held

B M E M B E R S T A T E B O A R D O F P H Y S I C A L T H E R A P Y

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 S T A T E B O A R D O F P H Y S I C A L T H E R A P Y

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:

PHYSICAL THERAPIST 00 01

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: PNC BANK (SEE ATTACHED) Address: 201 South Broad St. GROVE CITY Pa 16127 Interest Rate: 7.25 to 3.25%

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)

SEE ATTACHED Name: TMS PHYSICAL THERAPY Address: 201 B ERIE ST GROVE CITY PA 16127

Name: COOL SPRINGS PHYSICAL THERAPY Address: 1051 E. CORNWELL RD. MORRIS PA 16837

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

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: PTPN OF PA. Address: 17 Maple Avenue Suite B BLAIRSVILLE PA 15717 CHAIRMAN

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

SEE ATTACHED SHEETS

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 Timothy M. Scheller Enter Current Date 1-6-12

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

Timothy Schell- Attachment to Statement of Financial Interests Form

#9

PNC Bank
201 South Broad Street
Grove City, PA 16127

4 Lines of Credit; 3.25%, 3.25%, 3.25%, 3.25%
4 Loans; 7.25%, 6%, 5.99%, 7.25%

#10

Newspaper Holdings, Inc. (rental income)
Unit A
201 B Erie Street
Grove City, PA 16127

West Park Rehab
571 Pone Lane
Franklin, PA 16323

PTPN of PA
17 Maple Avenue, Suite B
Blairsville PA 15717

#13

West Park Rehab- President
571 Pone Lane
Franklin PA 16323

Affiliated Rehab Centers- Owner- (no income to report for 2011)
301 First Street, Suite 100
Butler PA 16001

TMS Physical Therapy- Owner
201B Erie Street
Grove City PA 16127

Cool Springs Physical Therapy- Owner
1051 E. Cornell Road
Mercer PA 16137

RECEIVED

2012 JAN 12 PM 4: 06

SENATE OF PA
SECRETARY'S OFFICE

2012 JAN 12 P 4: 00

STATE ETHICS
COMMISSION

#14

West Park Rehab- 52%
571 Pone Lane
Franklin PA 16323

Affiliated Rehab Centers- 50%
301 First Street, Suite 100
Butler PA 16001

TMS Physical Therapy- 100%
201B Erie Street
Grove City PA 16127

Cool Springs Physical Therapy- 100%
1051 E. Cornell Road
Mercer PA 16137

PTPN of PA- 20%
17 Maple Avenue, Suite B
Blairsville PA 15717

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2012 JAN 12 PM 4: 06

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2012 JAN 12 P 4: 00
STATE ETHICS
COMMISSION