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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF EBENSBURG CENTER



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

October 20, 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, Charlene R. Shank, 235 Mosshaven Way, Ligonier 15658, Westmoreland County, Forty-first Senatorial District, for reappointment as a member of the Board of Trustees of Ebensburg Center, to serve until the third Tuesday of January 2017, and until her successor is appointed and qualified.

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

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: SHANK FIRST NAME: CHARLENE MI SUFFIX: R

02 ADDRESS: 23 MOSSHAVEN WAY LIGONIER PA 15056 PH 248 9168

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 of 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 MEMBER seeking hold held

B BOARD MEMBER 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 EBENSBURG CENTER

B EBENSBURG CENTER

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Retired RN - working jobs as RN

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:

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: LIGONIER Valley Learning Center Address: 117 Juniper Lane Ligonier PA 15056

SPHS LATROBE Mental Health 1100 Ligonier St LATROBE PA 15056

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): LIGONIER Valley Learning Center Address: 117 Juniper Lane Ligonier PA 15056

Name: SPHS LATROBE Mental Health Address: 1100 Ligonier St LATROBE PA 15056

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: 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: Charlene R Shank Enter Current Date: 10/24/11