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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE AND
HEARING

August 12, 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, Clifford N. Steinig, D.O., 1500 Appletree Road, Harrisburg 17110, Dauphin County, Fifteenth Senatorial District, for reappointment as a member of the State Board of Examiners in Speech-Language and Hearing, to serve for a term of three years 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

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| S | T | E | I | N | I | G | C | L | I | F | F | O | R | D | N | |
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02 ADDRESS City State Zip Code Area Code Phone

1500 Appletree Rd Harrisburg PA 17110 (717) 234-9352

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 MEMBER

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, township, etc.)

A BOARD OF EXAMINERS IN SPEECH

B LANGUAGE + HEARING

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:

Physician 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: BMW of North America - CAR LEASE Address: P.O. Box 3648 Dublin, OH

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: Assoc. Otolaryngologists of PA Address: 880 Poplar Church Rd Camp Hill, PA 17011

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)

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

Business Entity (Name and Address)

Name: AOP, Inc. Address: 880 Poplar Church Rd Camp Hill, PA 17011

Position Held: Physician

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 Clifford M. Steing Enter Current Date 8/28/10

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

RECEIVED
 2011 AUG 28 PM 4:12
 SECRETARY'S OFFICE
 STATE OF PA
 STATE ETHICS COMMISSION

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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| S | T | E | I | N | I | G | C | L | I | F | F | O | R | D | N | |
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02 ADDRESS City State Zip Code Area Code Phone

1500 Appletree Rd. Harrisburg PA 17110 (717) 234-9358

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A BOARD OF EXAMINERS IN SPEECH -

B LANGUAGE + HEARING

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Physician 0

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Name: BMW of North America - Car Lease Address: P.O. Box 3608 - Dublin, OH Interest Rate 3.4%

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Name: Assoc. Otolaryngologists of PA Address: 880 Poplar Church Rd Camp Hill, PA 17011

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

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Business Entity (Name and Address) Position Held

Name: AOP, Inc. Address: 880 Poplar Church Rd Camp Hill, PA 17011 Physician

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Name and Address of Business Interest Held

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Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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Signature Clifford M. Steing Enter Current Date 8/19/11

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

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2011 AUG 26 PM 4:42
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SECRETARY'S OFFICE
STATE ETHICS COMMISSION
2011 AUG 26 5:59