

RECEIVED



2011 APR -4 PM 1:50 COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

COMMISSIONER OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

April 4, 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, The Honorable Katie True, 2962 Kings Lane, Lancaster 17601, Lancaster County, Thirty-sixth Senatorial District, for appointment as Commissioner of Professional and Occupational Affairs, to serve at the pleasure of the Governor, vice The Honorable Basil L. Merenda, Philadelphia, 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
TRUE KATIE

02 ADDRESS City State Zip Code Area Code Phone
2962 KINGS LANE, LANCASTER, PA 17601 (717) 898-7710

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 MEMBER HOUSE OF REPRESENTATIVES seeking hold held
B Commissioner 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 41ST LEGISLATIVE DISTRICT
B Professional + Occupational Affairs / Dept. State

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 calendar year indicated:
STATE REPRESENTATIVE 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.
① MERCEDES-BENZ FINANCIAL SVCS Address: PO BOX 9001680 Interest Rate ① 0 ② 4.25%
② PNC Bank, 586 Plaza Blvd, Lancaster, PA 17601 Address: LOUISVILLE, KY 40290-1680

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: COMMONWEALTH OF PA Address: FINANCE BUILDING HARRISBURG, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift: REVENUE
Address of Source of Gift: STATE ETHICS COMMISSION
Circumstances (including description of gift): 2011 APR 11 Value of Gift: 2:48

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address): REVENUE
Value: 2:48

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address):
Name: Address: Position Held:

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: COSIGNOR LINE OF CREDIT, PNC BANK Interest Held: 0
LANCASTER DESIGN/BUILD, 2962 KINGS LANE, LANCASTER, PA 17601

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: Katie True Enter Current Date: 4/6/2011

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