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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF WERNERSVILLE STATE HOSPITAL



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

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, Aimee L. Tyson, 946 Gypsy Hill Road, Lancaster 17602, Lancaster County, Thirteenth Senatorial District, for appointment as a member of the Board of Trustees of Wernersville State Hospital, to serve until the third Tuesday of January 2013, and until her successor is appointed and qualified, vice Edward D. Ottinger, Jr., Conestoga, 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
 T Y S O N A I M E E L

02 ADDRESS City State Zip Code Area Code Phone
 946 Gypsy Mill Rd Lancaster PA 17602 (717) 397-8584

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 G Public Official (Former) H 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

seeking hold held

B 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, twp, etc.)

A

B WERNERSVILLE STATE HOSPITAL

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.

Program Manager 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: American Honda Finance Address: PO Box 7829
 Philadelphia, PA 19101-7829

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: Lancaster County Redevelopment Authority Address: 202 North Prince St, Suite Lancaster PA 17603

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)

Name: DLS See H 10 Address: Position Held: Program Manager

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) 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 Amiee L Tyson Enter Current Date 7-28-11

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