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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

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

April 21, 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, Jeane Violon Singer, PhD, 1001 Greenbriar Drive, State College 16801, Centre County, Thirty-fourth 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 her successor is appointed and qualified, but not longer than six months beyond that period.


TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
SINGER TEANE V

02 ADDRESS City State Zip Code Area Code Phone
100 GREENBRIAR DRIVE STATE COLLEGE PA 16801 814 937-2271

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 STATE BOARD OF EXAMINERS BOARD MEMBER

B SPEECH LANGUAGE AND HEARING

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 STATE BOARD OF EXAMINERS IN

B SPEECH LANGUAGE AND 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:
AUDILOGIST - Retired 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: AUDILOGICAL & HEARING AID SERVICE Address: 501 HOWARD AVE
REPAYMENT OF LOAN ALTOONA, PA. 16601

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)

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 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
Transferor (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. §4901 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature *Janet Singer* Enter Current Date 4/26/11

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