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SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF MASSAGE THERAPY



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

June 30, 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, William F. Vogel, 4018 Cole Avenue, Allison Park 15101, Allegheny County, Fortieth Senatorial District, for reappointment as a member of the State Board of Massage Therapy, to serve until October 9, 2014, or 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

VOGEL WILK, AM F

02 ADDRESS City State Zip Code Area Code Phone

4018 COLE AVENUE ALLISON PARK PA 15101 (412) 486-9773

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) G  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 Member

A MASSAGE THERAPY LICENSING BOARD

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 MASSAGE THERAPY LICENSING BOARD

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

MASSAGE THERAPIST

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: WILLIAM F VOGEL Address: 4018 COLE AVE  
Y SA 13 ALLISON PARK PA 15101

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

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

Business Entity (Name and Address) Position Held

Name: MUSCULAR THERAPEUTICS Address: 9365 McNight Ln, Pittsburgh, PA 15101  
4018 Cole Ave, Allison Park, PA 15101

100% OWNER

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

MUSCULAR THERAPEUTICS 4018 COLE AVE, ALLISON PARK PA 15101 100%

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

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. § 2904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature William F Vogel Enter Current Date 7-7-2011

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