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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS

April 15, 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, Kimberly D. Cobaugh, 125 Beech Lane, Indiana 15701, Indiana County, Forty-first Senatorial District, for appointment as a member of the State Board of Examiners of Nursing Home Administrators, to serve for a term of four years or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Robert V. Smith, Erie, whose term expired.

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
COBAUGH Kimberly D

02 ADDRESS City State Zip Code Area Code Phone
125 Beech Lane Indian PA 15701 (717) 943-1919

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. Only one block may be marked. (See instructions on page 2)
A Candidate (including write-in) B Nominee
C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor
F Public Official (Former) G Public Employee (Former) H 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 NSG HOME ADM
B

05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A STATE BOARD EXAMINERS NHA
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Nursing Home Administrator
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.
2011

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: Interest Rate:

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. (OFFICIAL USE ONLY)
Name: Affinity Health Services Address: 942 Philadelphia St Indiana PA 15701

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, date, and value):

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: Address: Position Held Contract employ
Nursing Home Admin

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 Kimberly Cobough Enter Current Date 4/29/11