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SENATE OF PA
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THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE PENNSYLVANIA CANCER CONTROL, PREVENTION AND
RESEARCH ADVISORY BOARD

November 16, 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, Robert P. Edwards, M.D., 2145 Le Gran Drive, Gibsonia 15044, Allegheny County, Fortieth Senatorial District, for appointment as a member of the Pennsylvania Cancer Control, Prevention and Research Advisory Board to serve for a term of four years and until his successor is appointed and qualified, vice Rodrigue Mortel, M.D., Hummelstown, 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
EDWARDS ROBERT P

02 ADDRESS City State Zip Code Area Code Phone
2121 North Villa Drive Gibsonsia PA 15044 412 641 5418

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 CANCER PREVENTION BOARD seeking hold held
B

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 DEPARTMENT OF HEALTH
B

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.
Physician 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: Interest Rate:
A

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: UPMC Address: Pittsburgh, PA
300 Market St., Psh PA 15213
B

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)
B

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

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: Executive Vice Chair UPMC Address: 300 Market St. Pittsburgh PA 15213
B

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
B

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) None
B

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 [Signature] Enter Current Date 11/30/11

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