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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF CHIROPRACTIC



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

June 3, 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, Joseph T. Grice, D.C., 207 Huch Farm Lane, Mars 16046, Butler County, Fortieth Senatorial District, for reappointment as a member of the State Board of Chiropractic, to serve for a term of four years 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 **GRICE** FIRST NAME **JOSEPH** MI SUFFIX **T**

02 ADDRESS **207 HUCH FARM LN** City **MARS** State **PA** Zip Code **15046** Area Code **724** Phone **625-6414**

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)
 Candidate (including write-in) Public Official (Current) Public Employee (Current) Check this block if you are filing as a solicitor
 Nominee Public Official (Former) 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**
 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 **STATE BOARD OF CHIROPRACTIC**
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Chiropractor**
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 block.
Name: **Grice Chiropractic LLC** Address: **1305 GRANDVIEW AVE Suite 240, PGL PA 15211**

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 OWNERSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): **Grice Chiropractic LLC** Address: **1305 GRANDVIEW AVE #240 PGL PA 15211**

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): **Grice Chiropractic LLC** Interest Held: **100%**

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

Signature **Joseph Grice** Enter Current Date **6-13-11**

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2011 JUN 27 PM 3:45
SENATE OF PA
SECRETARY'S OFFICE
STATE ETHICS COMMISSION