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SENATE OF PA
SECRETARY'S OFFICE
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, Ada Rivera, 422 Butz Lane, Scotrun 18355, Monroe County, Fourteenth 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 her successor is appointed and qualified, vice Robert F. Durkin, Bensalem, whose term expired.


TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 Rivera Aida

02 ADDRESS 332 Butz Lane City Scotrun PA State Zip Code 570 Area Code 239 Phone 9704

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 PA Cancer Control 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 ~~HOAC~~ PA Cancer Control Prevention +

B Research Adv. Bd

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

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: See attached 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: Lehigh Valley Health Network Address: 12th Street W. Chew St, Suite 401
Allentown PA 18102

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of

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) See #10

Name: American Cancer Society Address: 3893 Alder Pl. Suite 178
Bethlehem PA 18017

Director Board Member

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 Aida Rivera Enter Current Date 11/21/11

Fed Loan Servicing 6%
Department of Education
FedLoan Servicing
P.O. Box 530210
Atlanta, GA 30353-0210

Salli Mae 6%
Sallie Mae, Inc.
P.O. Box 9532
Wilkes-Barre, PA 18773-9532

Chase Auto 5.5%
Chase Auto Finance
POB 15700
WILMINGTON DE 19886-5700

2011 NOV 29 P 3: 31
STATE ETHICS
COMMISSION

2011 NOV 29 PM 3: 46
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