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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

SECRETARY OF HEALTH



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

April 5, 2013

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, The Honorable Michael E. Wolf, 2425 Bladestone Trail, Enola 17025, Cumberland County, Thirty-first Senatorial District, for appointment as Secretary of Health, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice The Honorable Dr. Eli N. Avila, Albany, New York, resigned.

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

W	o	l	f									M	i	c	h	a	e	l						E		
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02 ADDRESS (work or home) City State Zip Code Area Code Phone

2425 Bladestone Trail Enola PA 17025 (717) 731-8730

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 S e c r e t a r y o f H e a l t h seeking hold held

B S e e A t t a c h m e n t f o r 4 B C D

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 D e p a r t m e n t o f H e a l t h

B S e e A t t a c h m e n t f o r 5 B C D

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:

Acting Secretary 2 0 1 2

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: Citibank Address: 100 Citibank Dr. San Antonio TX 78245 Interest Rate: 14.9%

Name: VW Credit Address: P.O. Box 3 Hillsboro, OR 97123

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: Commonwealth of Pennsylvania Address: Dept of Health 625 forster street, Harrisburg PA 17120

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

Source of Gift: P e n n S t a t e U n i v e r s i t y Value of Gift: 2 8 6 . 0 0

Address of Source of Gift: See attachment Circumstances (including description) of Gift: See attachment

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: Address:

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): Interest Held Relationship Date Transferred:

Transferee (Name and Address):

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: *Michael Wolf* Enter Current Date: 4/10/13

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

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STATE ETHICS COMMISSION

Michael E Wolf

Attachment for Statement of Financial Interest form

Sec-1 Rev. 01/13

04 PUBLIC POSITION OR PUBLIC OFFICE(administrator, member, Commissioner, Job title, etc.)

- B) Acting Secretary of Health –hold
- C) Executive Deputy Secretary-hold
- D) Serves ex-officio in governmental position

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.)

- B) Department of Health
- C) Department of Health
- D) see list below

- Advisory Health Board
- Alcoholic Beverage Control Coordinating Council ,
- Animal Health and Diagnostic Commission
- Cardiovascular Disease Advisory Committee
- Children's Health Advisory Council
- Children's Health Insurance Management Team
- Commonwealth Child Development Committee
- Commonwealth Continuity of Government Steering Committee
- Commonwealth Health Care Reform Implementation Advisory Committee
- Commonwealth Health Care Reform Implementation Committee
- Drug Policy Planning Coordination
- Drug Policy Planning Coordination
- Drug Review Committee
- Economic Development Committee of the Cabinet
- Environmental Quality Board
- Farm Safety and Occupational Health
- Advisory Board
- Governor's Cabinet for People with Disabilities
- Governor's Cabinet
- Governor's Census 2010 Advisory Panel
- Governor's Committee on Automated Technology
- Governor's Community Partnership for Safe Children
- Governor's Executive Diversity Council

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- Governor's Health Care Reform Cabinet
- Governor's Interagency Task Force on Energy
- Governor's Interdepartmental Council on Seasonal Farm Workers
- Governor's Invasive Species Council
- Governor's Pandemic Advisory Council
- Governor's Task Force on Early Childhood Care and Education
- Governor's Traffic Safety Council
- Governor's Chronic Care Management, Reimbursement and Cost Reduction Commission
- Governor's Preparedness Interagency Executive Management Committee
- Health Policy Board
- Humanity Gifts Registry
- Interagency Coordinating Council
- Interagency Council on Food and Nutrition
- Pa. Commission on Crime and Delinquency
- Pa. Council for Sexual Minorities
- Pa. Emergency Management Council
- Pa. Emergency Response Commission
- Pa. Trauma Systems Foundation
- Patient Safety Authority
- Pennsylvania Health Care Cost Containment Council
- Pharmaceutical Assistance Review Board
- Primary Health Care Practitioner Program Advisory Committee
- State Board of Dentistry
- State Board of Examiners of Nursing Home Administrators
- State Board of Massage Therapy
- State Board of Medicine
- State Board of Osteopathic Medicine
- Coroner's Education Board
- Pennsylvania Advisory Council on Drug and Alcohol Abuse
- Governor's Advisory Council on Physical Fitness and Sports
- State Public Health Child Death Review Team
- Tobacco Use Prevention and Cessation Advisory Committee
- Pennsylvania Drug, Device and Cosmetic Board
- Health Research Advisory Committee
- Intergovernmental Council on Long Term Care
- Preventative Health and Health Services
- Prevention and Research Advisory Board

STATE ETHICS
COMMISSION

2013 APR 10 P 4: 23

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11 GIFTS (see instructions on page 2)

Address of Source of Gift

Penn State University Strategic Services, A140
600 Centerview Drive, Suite 1400
Hershey, PA 17033-0855

Circumstances (including description) of gift

Attending event with family, Four(4) suite tickets @ \$69.00 each and one parking pass @ 10.00

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