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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA HUMAN RELATIONS COMMISSION

March 20, 2014

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, Radheshyam M. Agrawal, M.D., 523 Fairview Road, Pittsburgh 15238, Allegheny County, Thirty-eighth Senatorial District, for appointment as a member of the Pennsylvania Human Relations Commission, to serve until July 20, 2014, or until his successor is appointed and qualified, vice S. Kweilin Nassar, Pittsburgh, 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

A G R A W A L R A D H E S H Y A M M

02 ADDRESS (work or home) 523 FAIRVIEW RD City PITTSBURGH State PA Zip Code 15238 Area Code (412) Phone 963-8263

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 Check this block if you are amending an original filing

B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A P A H U M A N R E L A T I O N S C O M M I S S I O N seeking hold held

B P A P A T I E N T S A F E T Y A U T H O R I T Y

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

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 3

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: ALLEGHANY GENERAL HOSPITAL Address: 320 E. H. Ave. PITTSBURGH. PA 15238

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

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) 1) See H 10 Name: 2) Gov's Adv. Comm. on Asian American Affairs Address: 508 E. L. Mc Bldg., Harrisburg, PA 17224 Position Held: (1) Physician (2) Bd. 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) 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 [Signature] Enter Current Date 3/25/2014

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

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Radheshyam Agrawal

Statement of Financial Interests Form

#4, A Seeking, Member

#4, B, Hold, Member

#4, C, Held, Member

#5, A PA Human Relations Commission

#5, B PA Patient Safety Authority

#5, C State Board of Medicine

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