

RECEIVED

2011 AUG 17 PM 3: 54

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION
AND LICENSURE

August 17, 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, Denise Chisholm, PhD, OTR/L, FAOTA, 1603 Heritage Drive, Pittsburgh 15237, Allegheny County, Fortieth Senatorial District, for appointment as a member of the State Board of Occupational Therapy Education and Licensure, to serve for a term of three years and until her successor is appointed and qualified, vice Ellen L. Kolodner, Rydal, 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
CHESHOLM DENISE -

02 ADDRESS City State Zip Code Area Code Phone
1603 HERITAGE DRIVE PITTSBURGH PA 15237 (412) 583-6606

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

seeking hold held
B

05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

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:
OCCUPATIONAL THERAPIST/PROFESSOR 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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.
Name: UNIVERSITY OF PITTSBURGH Address: 5012 FORBES TOWER PITTSBURGH, PA 15260
STATE ETHICS COMMISSION OFFICIAL USE ONLY

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): Name: UNIVERSITY OF PITTSBURGH Address: 5012 FORBES TOWER, PITTSBURGH, PA 15260
Position Held: OCCUPATIONAL THERAPIST/PROFESSOR

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 Denise Chosholm Enter Current Date 8/20/11

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