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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE COMMONWEALTH OF PENNSYLVANIA COUNCIL
ON THE ARTS

May 6, 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, Laura E. Ellsworth, Esquire, 414 Laurel Oak Drive, Sewickley 15143, Allegheny County, Thirty-seventh Senatorial District, for appointment as a member of the Commonwealth of Pennsylvania Council on the Arts, to serve until July 1, 2013, and until her successor is appointed and qualified, vice Carol Brown, Pittsburgh, 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
 ELLSWORTH LAURA E

02 ADDRESS City State Zip Code Area Code Phone
 414 Laurel Oak Dr Jenkintown PA 19134 610 635-8525

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 G Public Official (Former) H 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 COUNCIL MEMBER seeking hold held

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 COUNCIL ON THE ARTS

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:
 attorney 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: NONE Address: NONE Interest Rate: NONE

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this block
 Name: Jones Day law firm Address: 500 Gout St - 4th Fl PA 15219

11 GIFTS (See instructions on page 2) IF NONE, check this box.
 Source of Gift: Address of Source of Gift: Circumstances (including date) 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 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.
 Business Entity (Name and Address): Name: Jones Day Address: see above Position Held:

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: NONE Interest Rate:

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 Rate 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: *L. Ellsworth* Enter Current Date: 5/16/11

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

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 JUN - 1 PM 3:44
 SECRETARIES OFFICE
 STATE ETHICS COMMISSION