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SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

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, Justin Laing, 2351 Wylie Avenue, Pittsburgh 15219, Allegheny County, Thirty-eighth Senatorial District, for appointment as a member of the Commonwealth of Pennsylvania Council on the Arts, to serve until July 1, 2012, and until his successor is appointed and qualified, vice Myron Tomb, Indiana, whose term expired.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT  
Governor

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

Q1 LAST NAME FIRST NAME MI SUFFIX

LALING JUSTIN D

Q2 ADDRESS City State Zip Code

2551 Wylie Ave Bn PA 15319 412-904-3573

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

Q3 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

Q4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A member

Q5 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 PA Council on the Arts

Q6 OCCUPATION OR PROFESSION (This may be the same as block 4)

Program Officer

Q7 YEAR. The information in blocks 8 through 15 being reported represents financial interests for the PRIOR calendar year indicated.

2011

Q8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box

Q9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box

Name: Hill District Credit Union Address: 2017 Centre Ave PA PA 15319

Interest Rate: 6%

Q10 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: The Heinz Endowments Address: Adrian Harris - rental income

Q11 GIFTS (See instructions on page 2) If NONE, check this box

Source of Gift: 2015-6th St, Bn, PA 15319

Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: 300

Q12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box

Source (Name and Address):

Q13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS. (See instructions on page 2) If NONE, check this box

Business Entity (Name and Address): The Heinz Endowments SEE # 10

Name: Grandmasters in the Arts Address: 4055 21st Ave, N, Suite 100

Position Held: Program Officer Board member

Q14 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: 98199

Interest Held:

Q15 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 Data 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 *[Signature]* Enter Current Date 5/11/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **L A I N G** FIRST NAME **J U S T I N** MI **D** SUFFIX

02 ADDRESS **2351 Wylie Ave** City **Dgh** State **PA** Zip Code **15719** Area Code **(412)** Phone **904-3573**

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

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

A **member**

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, township, etc.)

A **PA Council on the Arts**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Program Officer**

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: **A-11 District Credit Union** Address: **2017 Centre Ave Dgh PA 15314** Interest Rate **6%**

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: **The Heinz Endowments** Address: **625 Liberty Ave Dgh, PA 15222**

**Adrian Harris - rental income** **232 Dunwoode St, Dgh 15225**

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

Source 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) **The Heinz Endowments** See # 10

Name: **Grantmakers in the Arts** Address: **4055 21st Ave, N, Suite 100 Seattle WA 98199** Position Held **Program Officer**  
**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

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Signature **[Signature]** Enter Current Date **5/11/11**

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