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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

RECEIVED AND REFERRED

JAN 24 2012

MEMBER OF THE STATE BOARD OF MASSAGE THERAPY

January 24, 2012

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, Becky D. Lesik, LMT, 110 E. Washington Street, Corry 16407, Erie County, Twenty-first Senatorial District, for appointment as a member of the State Board of Massage Therapy, to serve until October 9, 2013, or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Joanne Smutko, Monroeville, 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

LESIK BECKY D

02 ADDRESS City State Zip Code Area Code Phone

110 E WASHINGTON ST. CORRY PA 16407 (814) 664-7215

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 member

A STATE BOARD OF MASSAGE THERAPY

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, twp, etc.)

A STATE BOARD OF MASSAGE THERAPY

B

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

LMT Licensed Massage Therapist

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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: U.S. Dept of Education Address: P.O. BOX 530260 Atlanta, GA 30353 Interest Rate: ~ 3% (varies)

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.

① Name: Becky D. Lesik LMT Address: 110 E. WASHINGTON ST CORRY PA

② Grape Arbor Bed n Breakfast Beehaus, Inc 51 E MAIN ST NORTHEAST, PA

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)

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

Business Entity (Name and Address) Grape Arbor Bed n Breakfast Beehaus, Inc 110 E WASHINGTON ST. CORRY, PA 16407

Name: Becky D. Lesik LMT Address: CORRY, PA 16407

Position Held: Contract Employee

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 Sole Proprietor - Becky D. Lesik, LMT (Address Above)

Interest Held: 100%

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 Becky D Lesik Enter Current Date 1-31-12

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