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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION

May 19, 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, Ann Moran, 771 Supplee Mill Road, Lewisburg 17837, Union County, Twenty-third Senatorial District, for appointment as a member of the Pennsylvania Historical and Museum Commission, to serve until the third Tuesday of January 2015, and until her successor is appointed and qualified, vice Brian C. Mitchell, Ph.D., Lewisburg, 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
 M O R R I S H I M M M

02 ADDRESS City State Zip Code
 7711 Supple Mill Road Lewisburg PA 17833

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 M E M B E R

seeking hold held

B P E N N A H I S T O R I C A L M U S E U M C O M M

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

B

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

Housewife

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: 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: Address:

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: Value 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): Name: MORRIS LAND Development LP Address: See Above Position Held: OFFICER

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: See #13 Interest Held: 100% Family

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: *Allen M. Morris*

Enter Current Date: 5/30/11

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