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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF PHARMACY

October 12, 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, Theresa M. Talbott, R.Ph., RR 4 Box 4169, Stroudsburg 18360, Monroe County, Twenty-ninth Senatorial District for appointment as a member of the State Board of Pharmacy, to serve for a term of six years or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Richard Smiga, Lititz, 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

TAUBOTT THERESA M

02 ADDRESS City State Zip Code Area Code Phone

Rt 20469 Stroudsburg PA 18360 (570) 992-4694

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 BOARD MEMBER seeking hold held

B

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

A STATE BOARD OF PHARMACY SENATE OCT 18 10 59 AM '11

B

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.

Pharmacy Supervisor 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. Interest Rate

Name: American Express Address: PO Box 981540 21 Paso, TX 79998 Interest Rate: 2.40%

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. OFFICIAL USE ONLY

Name: CVS Caremark Address: 1CVS Dr. Woonsocket, RI 02896

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) Position Held

Name: Easter Seals of Eastern PA Address: 150 Lehigh St. Allentown, PA Position Held: Board Chair

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) Relationship Date Transferred

Transferee (Name and Address)

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. 41904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 31109(b).

Signature [Signature] Enter Current Date 10/14/11

Therisa M. Talbot

Box 9, Creditors

Chase Auto Finance

6.89%

Po Box 18068

Phoenix, AZ 85062

TD Bank

6.79%

Po Box 8400

Leicester, ME 04243

STATE ETHICS
COMMISSION

2011 OCT 18 P 3:52

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