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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 13, 2011

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

Please note the nomination dated May 6, 2011, for the appointment of The James A. West, Jr., 108 Wynnewood Drive, Pittsburgh 15215, 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, 2012, and until his successor is appointed and qualified, vice Caryn B. Rubinoff, Pittsburgh, whose term expired, should be corrected to read:

James A. West, Jr., 418 Chapel Harbor Drive, Pittsburgh 15238, 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 Caryn B. Rubinoff, Pittsburgh, whose term expired.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **WEST** FIRST NAME **JAMES** MI **A** SUFFIX **JR**

02 ADDRESS **100 Arthur Drive** City **Wexford** State **PA** Zip Code **15090** Area Code **412** Phone **318-6700**

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 **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 distric, twp, etc.)

A **PA COUNCIL ON THE ARTS**

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

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: **FIRST NATIONAL BANK** Address: **4140 EAST STATE STREET** Interest Rate

HERMITAGE, PA 16148

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. (OFFICIAL USE ONLY)

WEST REALTY LAND AND DEVELOPMENT CO. 100 ARTHUR DRIVE
DEERFIELD MANAGEMENT GROUP, INC. WEXFORD, PA 15090
STUDIO WILD WEST, LLC

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 **1 P 3 08**

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)

WEST REALTY LAND AND DEVELOPMENT COMPANY
DEERFIELD MANAGEMENT GROUP, INC.
STUDIO WILD WEST, LLC

Address:

WEST President
PRESIDENT/OWNER
President/owner

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

WEST REALTY LAND AND DEVELOPMENT COMPANY
DEERFIELD MANAGEMENT GROUP, INC.
STUDIO WILD WEST, LLC

Interest Held

1%
100%
100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)


Transferor (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  Enter Current Date **5/10/11**

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