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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 SOCIAL WORKERS, MARRIAGE AND FAMILY  
THERAPISTS AND PROFESSIONAL COUNSELORS

August 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, Laura L. Hinds, MSW, LSW, 807 North Fifth Street, Philadelphia 19123, Philadelphia County, First Senatorial District, for reappointment as a member of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, to serve four years and until her successor is appointed and qualified, but not longer than six months beyond that period.

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

H	i	n	d	s	L	a	u	r	a	L	
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02 ADDRESS City State Zip Code Area Code Phone

807 N. 5th St Philadelphia PA 19123 (215) 966-9047

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  hold

A B o a r d M e m b e r

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, town, etc.)

A S t a t e B o a r d o f S o c i a l W o r k e r M e m b e r

B i a g e & F a m i l y T h e r a p i s t s & P r o f e s s i

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

Social Worker

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: PNC Bank Address: PNC Plaza 249 5th Ave. Pittsburg, PA 15222 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 block.

Name: The Children's Hospital of Philadelphia Address: U of Penn School of Social Policy & Practice 3701 Locust Walk Philadelphia, PA 19104

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)

Value

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

Business Entity (Name and Address): Personal Small Business for leasing 2nd home. Address: 807 N. 5th St. Philadelphia, PA 19123

Position Held: Social Worker

Owner/Property Manager

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: Laura Hinds- Small business for property management 807 N. 5th St. Phila, PA 19123

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 Laura Hinds Enter Current Date 11/2/2011

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

## Statement of Financial Interests Continuation

### Question Number 10:

On December 28, 2010 I began working for the *Philadelphia Health Federation* (1101 Chestnut St. Ste. 801 Philadelphia, PA 19107). My role was housed in the *The Medical Examiner's Office* (321 University Dr. Philadelphia, PA 19104). However, my first paycheck was not received until January 2011- but in the spirit of full disclosure I am including this information in this information here.

I also had income from my rental property- which was received under my Small Business license registered to:

Laura Hinds 807 N. 5<sup>th</sup> St. Philadelphia, PA 19123

*Laura Hinds 11/2/2011*

STATE ETHICS  
COMMISSION

2011 NOV - 9 P 3: 44

SENATE OF PA  
SECRETARY'S OFFICE

2011 NOV - 9 PM 3: 59

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