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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 OSTEOPATHIC MEDICINE

April 10, 2013

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, Elena Ruzzi Farrell, D.O., 2311 Abbey Lane, Harrisburg 17112, Dauphin County, Fifteenth Senatorial District, for appointment as a member of the State Board of Osteopathic Medicine, to serve for a term of four years or until her successor is appointed and qualified, but not longer than six months beyond that period, vice Samuel Garloff, D.O., Palmyra, whose term expired.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT  
Governor

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
F A R R E L L E L E N A R  
02 ADDRESS (work or home) City State Zip Code Area Code Phone  
2311 ABBEY LANE HARRISBURG PA 17112 (717) 657-2440

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

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 OSTEOPATHIC MEDICINE

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: 2012

physician - ophthalmologist

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: METRO BANK Address: 3801 PAXTON ST  
HBSG PA 17111

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: ELENA RUZZI FARRELL, DO, PC  
ARLINGTON OPTICAL LTD  
JEM+M

Address: 4386 STURBRIDGE DR  
HBSG PA 17110

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) ELENA RUZZI FARRELL DO PC  
ARLINGTON OPTICAL LTD  
JEM+M

Address: 4386 STURBRIDGE DR  
HBSG PA 17110

Position Held PRESIDENT  
VP  
Secretary Treasurer

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

AS LISTED IN #13

Interest Held SOLE OWNER  
and 100%

AS ABOVE

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) NONE

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 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Elena Ruzzi Farrell DO Enter Current Date 4/15/13

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