



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE CONSTABLES' EDUCATION AND TRAINING BOARD

July 6, 2012

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, The Honorable Rodney D. Ruddock, 465 Edgewood Avenue, Indiana 15701, Indiana County, Forty-first Senatorial District, for appointment as a member of the Constables' Education and Training Board, to serve for a term of three years and until his successor is appointed and qualified, vice The Honorable Teresa O'Neal, Port Royal, whose term expired.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

RECEIVED
SENATE CLERK
SECRETARY'S OFFICE

2012 JUN 06 PM 4:09

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME R U D D O C K	FIRST NAME R O O N E Y	MI D	SUFFIX
02	ADDRESS 465 EDGEWOOD AVE INDIANA PA 15701 (412) 463-7213			
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 <input type="checkbox"/> Candidate (including write-in) C <input checked="" type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor				
B <input checked="" type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> 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.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A	COMMISSIONER			
member <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held				
B	CONSTABLE EDUCATION/ TRAINING BOARD			
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	INDIANA COUNTY			
B	COMMONWEALTH OF PA - Constables' Education + Training Bd			
06	OCCUPATION OR PROFESSION (This may be the same as block 4) COMMISSIONER		07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>			
Name: (See ATTACHED) 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. <input type="checkbox"/>			
Name: (See ATTACHED) Address:				
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
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. <input checked="" type="checkbox"/>			
Source (Name and Address)				
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address) (See ATTACHED)				
Name:				
Position Held				
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
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. <input checked="" type="checkbox"/>			
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

Enter Current Date

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

(09)

SEARS

PO Box 6282
SIOUX FALLS, ND 57117

29%
(Annual)

PSIECU

PO Box 67013
HARRISBURG, PA 17106

9.9%

USAA

10750 M^CDERMITT FWY
SAN ANTONIO, TEXAS 78288

9.2%

(10)

INDIANA COUNTY

825 PHILADELPHIA ST
INDIANA, PA 15701

US ARMY RESERVE

US MILITARY RETIREMENT
PO Box 7130
LONDON, KENTUCKY 40747

SOCIAL SECURITY

PENSION / INSURANCE

300 SPRING GARDENS
PHILA, PA 19123

FOUNDATION FOR IUP

(WIFE)

1011 SOUTH DRUM
INDIANA, PA 15701

SENATE OF PA
SECRETARY'S OFFICE

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STATE ETHICS
COMMISSION

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CHAIRMAN

⑬

INDIANA COUNTY HOSPITAL AUTHORITY

835 HOSPITAL ROAD

PO BOX 788

INDIANA, PA 15701-0788

CHAIRMAN

SOUTHWEST PLANNING COMMISSION

REGIONAL ENTERPRISE TOWER

425 SIXTH AVE SUITE 2500

PITTSBURGH, PA 15219-1852

BOARD MEMBER

INDIANA UNIV OF PA RESEARCH INSTITUTE

UNIVERSITY SQUARE

1179 GRANT STREET SUITE ONE

INDIANA, PA 15705-1046

STATE ETHICS
COMMISSION

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SENATE OF PA
SECRETARY'S OFFICE

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