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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE STATE BOARD OF MEDICINE

June 3, 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, Bruce A. Brod, M.D., 831 Robert Dean Drive, Downingtown 19335, Chester County, Nineteenth Senatorial District, for appointment as a member of the State Board of Medicine, to serve for a term of four years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Carol E. Rose, M.D., Pittsburgh, whose term expired.

A handwritten signature in black ink, appearing to read "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
B R O D B R U C E A

02 ADDRESS (work or home) City State Zip Code Area Code Phone
831 ROBERT DEAN DRIVE DOWNINGTOWN PA 19335 (610) 269-5093

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

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, twp, etc.)

A PA STATE BOARD OF MEDICINE

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:

PHYSICIAN 2012

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: CHASE - VISA Address: P.O. BOX 15123
WILMINGTON, DE 19850-5123

Interest Rate

11.24

(OFFICIAL USE ONLY)

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: ① Dermatology Associates of Lancaster
② Dermatology Assoc of Lancaster Real Estate Partnership
③ University of Pennsylvania
Address: ① 1650 Crooked Oak Dr, Lancaster, PA 17601
② Same address as ①
③ 3451 Walnut St, Rm 310, Phila 19104

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)

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

Business Entity (Name and Address)

A. Dermatology Associates of Lancaster

B. Name: Dermatology Associates of Lancaster Real Estate Partnership

Address: 1650 Crooked Oak Drive, Lancaster, PA 17601

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

A. Dermatology Associates of Lancaster
B. Dermatology Assoc of Lancaster Real Estate Partnership
1650 Crooked Oak Drive, Lancaster, PA 17601

Position Held

President - A

Partner - B

Interest Held

A. - 29%

B. - 25%

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. §2904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

6-7-13

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

BRUCE ALAN BROD, M.D.
STATEMENT OF FINANCIAL INTERESTS
ADDENDUM

10. DIRECT OR INDIRECT SOURCES OF INCOME (Continued)

UPTODATE, INC

95 SAWYER ROAD, WALTHAM, MA 02453

GIBBONS, P.C.

ONE GATEWAY CENTER, NEWARK, NJ 07102

13. University of Pennsylvania (address in #10)- Adjunct Professor
Aqua Pharm. (See address in #10)- Consultant

Bruce Alan Brod, M.D.

6-7-13

2013 JUN 14 PM 4 43
STATE ETHICS
COMMISSION

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