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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE COUNCIL OF TRUSTEES OF SHIPPENSBURG UNIVERSITY OF
PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

May 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, Kenneth R. Shoemaker, 7 Derbyshire Drive, Carlisle 17015, Cumberland County, Thirty-first Senatorial District, for reappointment as a member of the Council of Trustees of Shippensburg University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until his successor is appointed and qualified.

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
	S H O E M A K E R	K E N N E T H	R	

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone
	7 Derbyshire Drive	Carlisle	PA	17015	717	241-6159

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)		<input type="checkbox"/> Check this block if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)
	B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input checked="" type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A	M E M B E R	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> 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	S H I P P E N S B U R G U N I V E R S I T Y - C O T
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 <u>PRIOR</u> calendar year indicated:
	NONE	2012

08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>
	NONE

09	CREDITORS (See instructions on page 2). Creditor (Name and Address)	If NONE, check this box. <input type="checkbox"/>
	Name: Susquehanna Bank LITITZ, PA 17543	Address: PO BOX 2010

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)
	Name: Orestown Bank & Orestown Financial Services, Inc. m + t Bank American Bankers Assoc	Address: PO Box 9 Shippensburg, PA 1100 N. MARKET ST WILMINGTON 1120 CONNECTICUT AVE NW WASHINGTON DC

11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
	Source of Gift	57
	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"/>	Value
	Source (Name and Address)	SECRETARY OF STATE
		SENATE

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held
	Business Entity (Name and Address)	Director
	Name: Orestown Bank & Orestown Financial Services, Inc. 77 E KING ST. SHIPPENSBURG, PA	
	Address:	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held
	Name and Address of Business	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Business (Name and Address)	Relationship
	Transferee (Name and Address)	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.

5/9/13

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

Kenneth Shoemaker

09 Creditors

Central Bank

P.O. Box 62090

Harrisburg, PA 17106

Interest Rate

5.65%

(13)

Shippensburg University

Old Main Drive

Shippensburg, PA 17257

Trustee

Carlisle Regional Medical Center

Alexander Spring Rd

Carlisle, PA 17013

Trustee

2013 MAY 16 PM 3 57
STATE ETHICS
COMMISSION

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