

RECEIVED

2013 JUN 11 PM 4:27

SENATE OF PA  
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

MEMBER OF THE PROFESSIONAL STANDARDS AND PRACTICES COMMISSION

June 11, 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, David W. Shutter, 2425 Rolling Farms Road, Glenshaw 15116, Allegheny County, Fortieth Senatorial District, for appointment as a member of the Professional Standards and Practices Commission, to serve until the third Tuesday of January 2016, and until his successor is appointed and qualified, vice Shauna D'Alessandro, Jefferson Hills, whose term expired.

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 U T T E R D A V I D W M R

02 ADDRESS (work or home) City State Zip Code Area Code Phone

2425 Rolling Farms RD GLASSTON PA 15116 (412) 486-3401

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 C O M M I S S I O N E R  seeking  hold  held

B m e m b e r

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 A L A R T O W N S H I P

B P r o f e s s i o n a l S t a n d a r d s + P r a c t i c e s C o m m .

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

Retired

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 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: NORTH HILLS TOYOTA 7401 Address: MCKNIGHT RD PGH, Pa 15237

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: See Attached Address:

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) Bd of Directors Shaler North Hills Library - All 3 same address below

Name: SHALER RMS, Shaler Township Commission Address: 300 WITZEL RD GLASSTON, PA 15116

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 Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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 David W. Shutter Enter Current Date 6/12/13

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

STATE ETHICS COMMISSION  
 JUN 17 PM 4:41  
 RECEIVED  
 SECRETARY'S OFFICE  
 MEMBER  
 N. PAUL - President

David W. Shutter  
Statement of Financial Interests Form

#4 C, held, District Director

#4 D, held, Chief of Staff

#5 C, PA Senate Republican Caucus

#5 D, PA House of Representatives Republican Caucus

#10

PSERS  
5 N 5th Street  
Harrisburg PA 17101-1905

PA House  
Chief Clerks  
129 Main Capitol  
Harrisburg PA 17120

PA Senate  
Chief Clerks  
89 E Wing  
Harrisburg PA 17120

2013 JUN 17 PM 4 41  
STATE ETHICS  
COMMISSION

2013 JUN 17 PM 4:49  
SENATE OF PA  
SECRETARY'S OFFICE

RECEIVED