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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

RECEIVED AND REFERRED

OCT 17 2011

THE GOVERNOR

MEMBER OF THE MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING
COMMISSION

September 28, 2011

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, Bart Burne, Ed.D., 37 Old Mill Road, Laflin 18702, Luzerne County, Fourteenth Senatorial District, for reappointment as a member of the Municipal Police Officers' Education and Training Commission, to serve for a term of three 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

BURNE BART

02 ADDRESS City State Zip Code Area Code Phone

37 OLD MILL ROAD LAFLIN, PA. 18702 (570) 655-1946

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 MUN POLICE OFF + TRAINING COMM MEMBER

B 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.)

6 JENKINS TWP PLANNING COMM

A MUN POLICE OFF + TRAINING COMM

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:

SCRANTON SCHOOL DISTRICT TEACHER 2011

WILKES-BARRE AREA CAREER + TECH. CENTER

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: Address: Interest Rate

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: SCRANTON SCHOOL DISTRICT Address: 425 N. WASHINGTON AVE, SCRANTON, PA, 18503

- W-B AREA CAREER + TECH. CENTER P.O. BOX 1699 - WILKES-BARRE, PA.

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

1870 STATE ETHICS COMMISSION

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: SEE QUESTION #10 Address: TEACHER

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

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 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 and that the affirmation being made is 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 Bart E. Burne Enter Current Date 1/24/12

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