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COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR

HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

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, Richard Walter Long, Esquire, 216 Beaver Drive, Mechanicsburg 17050, Cumberland County, Thirty-first Senatorial District, for appointment 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, vice John J. McGeehan, Bethlehem, 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

L O N G R I C H A R D W

02 ADDRESS 2929 N. FRONT STREET City HARRISBURG State PA Zip Code 17110 Area Code (717) Phone 298-5416

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

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 M P O E T C

06 OCCUPATION OR PROFESSION (This may be the same as block 4) EXECUTIVE DIRECTOR / ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

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: (1) US DEPT OF EDUCATION - 3970 (SCHOL) Address: (2) PSECU - 4999 (ATTN) PO BOX 5609 CALENEVILLE, TX 75403 PO BOX 67013 HARRISBURG, PA 17106-7013

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.

(1) PA. DISTRICT ATTORNEYS ASSN. Name: 2929 N. FRONT ST. HARRISBURG, PA 17110 Address: (2) U.S. ARMY RESERVE check this block. HORSHAM AIR GUARD STATION BLOC 5500, 1900 FRONT ROAD HORSHAM, PA 19044 ATTN: 153RD LSO

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

Value of Gift

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) Name: PA. DISTRICT ATT. ASSN. Address: 2929 N. FRONT ST., 1136, PA 17110 Position Held: EXEC. DIRECTOR

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) 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: *Richard Long* Enter Current Date: 1/9/12

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