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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE CONSERVATION COMMISSION

September 23, 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, Ross W. Orner, Jr., 3532 Home Camp Road, Rockton 15856, Clearfield County, Forty-first Senatorial District, for reappointment as a member of the State Conservation Commission, to serve until May 30, 2015, and until his successor is appointed and qualified, but not longer than six months beyond that period.

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
ORNER ROSS W JR

02 ADDRESS City State Zip Code Area Code Phone
3532 HOME CAMP RD. ROCKTON PA 15856 814 583 7620

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) B Public Official (Current) C Public Official (Former) D Public Employee (Current) E Public Employee (Former) F Check this block if you are filing as a solicitor G Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
MEMBER seeking hold held

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.)
STATE CONSERVATION COMMISSION

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:
DAIRY FARMER 2010

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.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box. (OFFICIAL USE ONLY)
Name: ORNER FARMS, INC. Address: 3532 HOME CAMP RD. ROCKTON PA 15856

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): _____ Value: _____

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): ORNER FARMS INC. Address: 3532 HOME CAMP RD. ROCKTON, PA 15856 Position Held: EMPLOYMENT

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: ORNER FARMS, INC. 3532 HOME CAMP RD. ROCKTON, PA 15856 Interest Held: 33.37%

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: Ross W. Orner, Jr. Enter Current Date: 9/27/11

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