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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE AND
HEARING

August 12, 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, Nanette M. Rodgers Wood, M.S., 3535 Bullfrog Road, Fairfield 17320, Adams County, Thirty-third Senatorial District, for reappointment as a member of the State Board of Examiners in Speech-Language and Hearing, to serve for a term of three years and until her 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
 WOOD (formerly Rodgers) NANETTE M

02. ADDRESS City State Zip Code Area Code Phone
 3535 Bullfrog Rd Fairfield PA 17320 67130439147

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 Member seeking hold held

B 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.)

A State Bd of Examiners in Speech, Language and Hearing

B State Bd of Examiners in Speech, Language and Hearing

06. OCCUPATION OR PROFESSION (This may be the same as block 4) 07. YEAR The information in blocks 8 through 16 below represents financial interests for the PRIOR calendar year indicated.

Education Consultant Retired 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: 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 box:

1. Montgomery Co. Intermediate Unit 1605 W. Main St. Norris Township, PA
 Name: PA State University Address: 139 Outcreek Edge, P.O. Box 1000, Harrisburg, PA
 2. Tuscarora Intermediate Unit 2527 US Hwy 522 S. McVeytown, 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: Value 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's Entity (Name and Address): Name: Address:

Pls refer to #10

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 Nanette M. Wood Enter Current Date 8/15/11

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

RECEIVED
 AUG 26 PM 4:12
 SENATE OF PA
 SECRETARY'S OFFICE
 STATE ETHICS COMMISSION

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 W O O D (formerly Rodgers) N A N E T T E M

02 ADDRESS City State Zip Code Area Code Phone
 3535 Bullfrog Rd. Fairfield PA 17320 (717) 642-9147

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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B Nominee C Public Official (Former) D Public Employee (Former)

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A Member seeking hold held

B Member seeking hold held

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A State Bd. of Examiners in Speech-Language and Hearing

B State Bd. of Examiners in Speech-Language and Hearing

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:

Education Consultant - Retired 2011 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.

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 box.

1. Montgomery Co. Intermediate Unit 1605 W. Main St. Norristown, PA 19381
 2. PA State University Continuing Education 128 Outreach Bldg, Univ. Park, PA 16802
 3. Tuscarora Intermediate Unit 2521 US Hwy 522 S. McVeytown, PA 17051

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) Position Held

Name: Pls refer to #10 Address: Interest Held

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 Nanette M. Wood Enter Current Date 8/18/11

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