





## COMMONWEALTH OF PENNSYLVANIA OFFICE OF THE GOVERNOR HARRISBURG



MEMBER OF THE COUNCIL OF TRUSTEES OF BLOOMSBURG UNIVERSITY OF PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

May 23, 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, Charles E. Schlegel, Jr., 1280 Market Street, Sunbury 17801, Northumberland County, Twenty-seventh Senatorial District, for reappointment as a member of the Council of Trustees of Bloomsburg University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until his successor is appointed and qualified.

TOM CORBETT Governor

## STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

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01	SCHLEGEL CHARLES	MI SUFFIX  E J R
02	ADDRESS (work or home)  City State Zip Code  1280 Market Street Sunbacy PA 1781	Area Code Phone (576 ) 286 28 [
1	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN	-
03	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check thi	filing are amending
_	B Nominee C Public Official (Former) D Public Employee (Former) as a solic	1
04 A	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X seeking A hold L	S I TY
В	MEMBER MUNICIPAL AUTHORIT	held .
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commissions)	sion, county, school district, twp, etc.)
A	Bloomsburg University of	PA
В	Sunbury municipal Author	i fy
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  O YEAR The information in blocks 8 through 15 below	w represents financial interests for
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.	Interest Rate
	Name: Address:	2013
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.	(OFFICIAL USE ONLY)
	Name: PSERS  Address: 5N 5H St  Harn's hurs PA 1710   St	<u>်</u>
	Harnsburg PA 1710   5	
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	of Gift
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	Address of Source of Gift Circumstances (including description) of G	A 4 (mm)
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)	Value 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:  Address:	Position Here
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)	
	Relationst Transferee (Name and Address)  Date Tran	ip .
	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; sa be penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §	id affirmation being made subject
		May 28 -2013
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