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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

SENATE OF PA  
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE STATE BOARD OF VETERINARY MEDICINE

May 6, 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, David R. Wolfgang, V.M.D., 214 Deibler Road, PA Furnace 16865, Centre County, Thirty-fourth Senatorial District, for reappointment as a member of the State Board of Veterinary Medicine, to serve for a term of four years or 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	
Wolfgang										David										R			
02 ADDRESS (work or home)										City		State		Zip Code		Area Code		Phone					
214 Deibler Road										PA Furnace		PA		16865		(814) 692-7552							
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 <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor																							
B <input checked="" type="checkbox"/> Nominee C <input checked="" type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)																							
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input checked="" type="checkbox"/> held																							
A Member																							
B																							
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 Board of Veterinary Med.																							
B																							
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:													
Veterinarian										2012													
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>																							
09 CREDITORS (See instructions on page 2). Creditor (Name and Address)										If NONE, check this box. <input checked="" type="checkbox"/>										Interest Rate			
Name:										Address:													
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. <input type="checkbox"/>										(OFFICIAL USE ONLY)													
Name: Penn State University										Address: 7. Rider Building University Park, PA 16802										2013 MAY 31 PM 4 03			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>										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. <input checked="" type="checkbox"/>										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 #10										Address:			
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. <input checked="" type="checkbox"/>										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 David R Wolfgang

Enter Current Date 05/13/2013

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