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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 AUCTIONEER EXAMINERS

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, Timothy A. Wiggin, (Public Member), 765 Grandon Way, Mechanicsburg 17050, Cumberland County, Thirty-first Senatorial District, for appointment as a member of the State Board of Auctioneer Examiners, to serve for a term of three years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Joseph Bellano, Philadelphia, whose term expired.

TOM CORBETT Governor

and the second of the second COMMONWEALTH OF PENNSWLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX ADDRESS State Zip Gode Area Code Mechanicsbun 1020 111695 12 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAY BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAC ACCOUNT NUMBERS. 03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) block if you A Candidate (including write-in) C ___ Public Official (Current) D Public Employee (Current) Check this block are amending If you are filing B Nominee Public Employee (Former) an original filing Public Official (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) * seeking hold held seeking 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.) 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: REAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box. 큐 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 3 Audi Financial Services DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. 娶 Address: GIFTS (See instructions on page 2) if NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) by o TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held Business Entity (Name and Address) Name West Thore GRAN Board Monte FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box. 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 belief; raid affirmation belief; said affirmation belief;

Enter Current Date

to the penalties prescribed by 18 Pa.C.S. §4904