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SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE PENNSYLVANIA GAME COMMISSION

September 18, 2012

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. Fox, (District 5), 232 Wilcox Drive, Troy 16947, Bradford County, Twenty-third Senatorial District, for appointment as a member of the Pennsylvania Game Commission, to serve for a term of eight years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Thomas E. Boop, Esquire, Sunbury, whose term expired.

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

FOX CHARLES E

02 ADDRESS City State Zip Code Area Code Phone

232 Wilcox Drive Troy PA 16947 (570) 297-4647

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 Check this block if you are amending an original filing

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

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

A Pennsylvania Game Commission

B Commissioner

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 Pennsylvania Game Commission

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:

Retired 2012 SEP 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:

Name: Address: OFFICIAL USE ONLY

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: 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:

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: Charles E. Fox Enter Current Date: 9/27/12

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