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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

BRIGADIER GENERAL, PENNSYLVANIA AIR NATIONAL GUARD

February 16, 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, Colonel Gerald E. Otterbein, 522 Dogwood Drive, York 17406, York County, Thirteenth Senatorial District, for appointment as Brigadier General, LINE, with assignment as the Commander, 193d Special Operations Wing, Pennsylvania Air National Guard, to serve until terminated, vice Brigadier General Eric Weller, reassignment.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT  
Governor

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
O T T E R B E I N G E R A L D E

02 ADDRESS City State Zip Code Area Code Phone  
522 DOWDOD DRIVE YORK PA 17406 (717) 880-7296

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 VICE COMMANDER (held) Colonel (held)

☒ seeking ☐ hold ☐ held

B WING COMMANDER BRIG GENERAL

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 193RD SPECIAL OPERATIONS WING

B 193rd SPECIAL OPERATIONS WING

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
193rd SPECIAL OPERATIONS WING  
VICE COMMANDER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☒ 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. ☐ (OFFICIAL USE ONLY)

Name: 193rd SOW Address: HARRISBURG, PA 17057

AMERICAN AIRLINES DFW Airport, Dallas, TX 75261

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒ Value of Gift

Source 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. ☒ Value

Source (Name and Address)

13 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: American Airlines Address: See #10

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒ Interest Held

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒ Interest Held Relationship Date Transferred

Business (Name and Address)

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

Enter Current Date 30 JAN 12

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