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SENATE OF PA SECRETARY'S OFFICE

THE GOVERNOR

BRIGADIER GENERAL, PENNSYLVANIA ARMY NATIONAL GUARD

April 17, 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 Carol A. Eggert, 251 Foxgayte Lane, Pottstown 19465, Chester County, Forty-fourth Senatorial District, for appointment as Brigadier General, LINE, with assignment as Assistant Adjutant General, Joint Force Headquarters, Pennsylvania Army National Guard, to serve until terminated, vice vacant position.

TOM CORBETT Governor

Tom Contest?

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 SEC-1 REV. 01/12 PLEASE PRINT NEATLY SUFFIX FIRST NAME 01 LAST NAME 0 6 Zip Code · Area Code State **ADDRESS** NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you C Public Official (Current) D Public Employee (Current) E Check this block A Candidate (including write-in) are amending an original filing if you are filing D Public Employee (Former) C Public Official (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held hold 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.) 05 В 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) 06 the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 2012 20 If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name, and, Address) 09 Interest Rate TOFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 check this block ZÆ Address: Name w GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address: 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. Business (Name and Address) Relationship 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). 0

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