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SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE STATE BOARD OF VETERINARY MEDICINE

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, Freya S. Burnett, 44 Creek Road, Newville 17241, Cumberland County, Thirty-first Senatorial District, for reappointment as a member of the State Board of Veterinary Medicine, to serve for a term of four years or until her 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

BURWETT FREYA S

02 ADDRESS City State ZIP Code Area Code Phone

44 Creek Rd. Newville PA 17241 717 776-5128

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 hold

A MEMBER

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 MEDICINE

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.

Associate Professor/Veterinary Technician 2010

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.

Name: L. M. 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: Wilson College (Freya) Address: 1015 Philadelphia Ave, Chambersburg, PA 17055

Dept. of Defense (husband) Naval Supply Depot Mechanicsburg, PA

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

Secretary Gift

Address of Source of Gift: 17055

Circumstances (including description) of Gift: 2011 NOV 23

Value of Gift: 115

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Wilson College

Name: Wilson College Address: 1015 Philadelphia Ave, Chambersburg, PA 17201

Position Held: Associate Professor

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):

Transferee (Name and Address):

Interest Held Relationship 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 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 Ingrid S. Burwett Enter Current Date 11-20-11