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2011 JUL 28 PM 3:06

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE BOARD OF TRUSTEES OF HAMBURG CENTER

July 28, 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, Norman Dresher, 140 Valley Road, Hamburg 19526, Berks County, Twenty-ninth Senatorial District, for reappointment as a member of the Board of Trustees of Hamburg Center, to serve until the third Tuesday of January 2017, and until his successor is appointed and qualified.

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
D R E S H E R N O R M A N E

02 ADDRESS 140 VALLEY RD. City HAMBURG PA State Zip Code 19526 Area Code (610) Phone 562-3794

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) B Nominee
C Public Official (Current) D Public Employee (Current)
E Public Official (Former) F Public Employee (Former)
Check this block if you are filing as a solicitor
Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold hold
A MEMBER BOARD OF TRUSTEES
B
SEEKING HOLD
SECRETARY OF PA SENATE
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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, etc.)
A HAMBURG CENTER
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) PASTOR
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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 N/A

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.
Name: ZION-SPIES LUTHERAN Church Address: 310 SPIES Church Rd Reading
TRINITY LUTHERAN Church 121 S. HOME AVE TAPPAN, PA
STATE ETHICS COMMISSION
2011 AUG 26 P 3:59

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift
Address of Source of Gift
Circumstances (including description of gift)
Value 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) PIS ALSO SEE H 10
Name: ZION-SPIES LUTHERAN Church Address: 310 SPIES CH. RD. READING, PA Position Held PASTOR

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 Norman E. Dresher Enter Current Date 8/6/2011

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