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SENATE OF PA  
SECRETARY'S OFFICE  
THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

MEMBER OF THE COUNCIL OF TRUSTEES OF SHIPPENSBURG UNIVERSITY OF  
PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

September 7, 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, Debra Gentzler, 58 South Schoolhouse Road, Thomasville 17364, York County, Thirty-third Senatorial District, for reappointment as a member of the Council of Trustees of Shippensburg University of Pennsylvania of the State System of Higher Education, serve for a term of six years and until her 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**

GENTZLER DEBRA D

02 **ADDRESS** **City** **State** **Zip Code** **Area Code** **Phone**

58 S SCHOOLHOUSE RD THOMASVILLE PA 17364 717 225 2584

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 AUDITOR  seeking  hold  held

B TRUSTEE  seeking  hold  held

C LEGISLATIVE ASSISTANT  HOLD

05 **GOVERNMENTAL ENTITY** in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PARADISE TOWNSHIP

B SHIPPENSBURG UNIVERSITY COUNCIL

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

LEGISLATIVE ASSISTANT

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: TOYOTA FINANCIAL SERVICES Address: PO BOX 37339 PITTSBURGH, PA 15224

Interest Rate: 4.35%

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: SENATE OF PA Address: RM. 350 MAIN CAPITOL, HARRISBURG

Name: PARADISE TOWNSHIP Address: 82 BEAVER CREEK RD., ABBOTTSTOWN

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): \_\_\_\_\_

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): \_\_\_\_\_

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 Debra D. Gentzler Enter Current Date 9-14-11

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