

WILLIAM IAN GABIG

441 North 25th St., Camp Hill, PA 17011
(717) 701-5939 willgabig@comcast.net

PROFESSIONAL EMPLOYMENT HISTORY

Of Counsel Present Dethlefs-Pykosh Law Group, LLC Camp Hill, PA
Member 2000-2010 Pennsylvania House of Representatives, Harrisburg, PA
Assistant District Attorney 1992-2000 Cumberland County, Carlisle, PA
Deputy District Attorney 1990-1992 Dauphin County, Harrisburg, PA
General Counsel 1988 to 1990 Naval Legal Service Office, Guantanamo Bay, Cuba
Defense Counsel 1986-1988 Legal Service Support Section, Camp Lejeune, NC

NAVAL RESERVE LAW PROGRAM

Military Judge Navy-Marine Corps Trial Judiciary
Executive Officer Unit Provided Legal Services to Military Personnel and Families
Legal Assistance Officer Wills, Powers of Attorney, Separation and Custody Agreements
Claims Officer Federal Tort Claims Act, Pre-litigation Evaluation and Settlement

COMMUNITY SERVICE

Assistant Scout Master Boy Scouts of America Troop 2010
Senior Vice-Commander American Legion Post 101
Council Advocate Knight's of Columbus
Treasurer Junior Chamber of Commerce
Member Marine Corps League, Rotary Club, Fraternal Order of the Eagles

TEACHING EXPERIENCE (Part-time)

Moot Court Judge The Dickinson School of Law of The Pennsylvania State University
Evaluator Trial Advocacy Program Widener University School of Law
Certified Instructor National Institute of Trial Advocacy
Instructor PA Game Commission Academy; Municipal Police Academy
Instructor Business Law, Labor Law; Armed Forces Branch Troy State University

EDUCATION

Duquesne University School of Law, Pittsburgh, PA J.D., 1985
Law clerk in large insurance defense firm; law clerk in small commercial law firm
Miami University, Oxford, OH Masters Program (attended) 1979 to 1980
Graduate Teaching Assistant, Summer Fellow, White House Intern
Saint Vincent College, Latrobe, PA B.S. with honors 1979
Major: Political Science; Minor: Economics; Intercollegiate Club Football; Congressional Intern



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE WORKERS' COMPENSATION APPEAL BOARD

June 9, 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, The Honorable William Ian Gabig, 441 North 25th Street, Camp Hill 17011, Cumberland County, Thirty-first Senatorial District for appointment as a member of the Workers' Compensation Appeal Board, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice Daniel Fleck, Zelienople, deceased.

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

G A B T G W I L L I A M T

02 ADDRESS City State Zip Code Area Code Phone

441 N 25th St Camp Hill PA 17011 (717) 701-5419

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 M E M B E R

B M E M B E R

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 W O R K E R S C O M P E N S A T I O N A P P E A L B O

B P A H O U S E O F R E P R E S E N T A T I V E S

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.

Attorney 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: USA A VISA / Mastercard DISCOUNT Address: 10750 McDermott View Dr, P.O. Box 11084, Charleston, SC Interest Rate: 8.9% / 17.99%

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: PA House of Representatives Address: 132 Main Capitol Building, Harrisburg, PA 17120

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) of Gift: []

12 TRANSPORTATION, LODGING AND 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): [] Position Held: []

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 William G. T... Enter Current Date 6.20.11

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

SENATE NOMINATION QUESTIONNAIRE

Information on Nominee for appointment to:

Workers' Comp. Appeal Board

Please type or print clearly

Today's Date 6-20-11

Section 207.1 (g) of The Administrative Code of 1929 requires the Governor to submit the following information concerning each Nominee for positions, that require advice and consent of the Senate of Pennsylvania

Full Name: William Ian Gabig
(First) (Middle) (Last)

Voting Address (home): 441 N. 25th St.
Camp Hill PA 17011
(City) (State) (Zip Code)
717 701-5939
(Area Code) (Telephone)

Business Address: Same as employer
(if any)
(City) (State) (Zip Code)
(Area Code) (Telephone)

Employer Address: 2132 Market St.
(if any) Camp Hill PA 17011
(City) (State) (Zip Code)
717 975-9446
(Area Code) (Telephone)

(PLEASE COMPLETE REVERSE SIDE)

* Please answer ALL Questions- If None, please put "none" or "n/a"

Public Office/Public Position held by Nominees during the past 10 years:

Pennsylvania House of Representatives, member

Party Registration: Republican

Offices held in Political Parties during the past 10 years: none

Has Nominee been convicted of any violation of Law?

Yes

No

If Yes, please explain (if necessary, attach additional paper)

Date of Birth: September 5, 1956

*** THIS FORM NEEDS TO BE A SWORN STATEMENT, PLEASE HAVE THIS FORM NOTARIZED***

Signature: Wilkie D. Boy
(nominee)

Taken, sworn and subscribed before me this 20 day of June A.D. 2011.

Skye R. Fisher
Signature of Notary

(Seal) COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
SKYE R. FISHER, Notary Public
S. Middleton Twp., Cumberland County
My Commission Expires November 26, 2012