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COMMONWEALTH OF PENNSYLVANIA OFFICE OF THE GOVERNOR HARRISBURG

SEP 2 4 2012

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OCT 1 5 2012

CONFIRMED

MEMBER OF THE STATE TRANSPORTATION COMMISSION_{OCT} 1 5 2012

September 5, 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, The Honorable Charles Martin, 515 Steamboat Drive, Southampton 18966, Bucks County, Twelfth Senatorial District, for appointment as a member of the State Transportation Commission, to serve for a term of six years and until his successor is appointed and qualified, but not longer than six months beyond that period, vice Robert Daday, Bethlehem, whose term expired.

TOM CORBETT

Governor

COMMONWEALTH OF PENNSYLVANIA

ATEMENT OF FINANCIAL

PENNSYLVANIA STATE ETHICS COMMISSION

SEC-1 REV: 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFIX ADDRESS City Zip Code Area Code: SISSTEAM ROOT DRIVE SOUTHAMPTON 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) Check this C Public Official (Current) Candidate (including write-in) block if you Public Employee (Current) Check this block are amending if you are filing Nominee c l Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold 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.) emm. 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: COMMISSIONER 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) PUBL 380941 interest Rate 301 N. KVAInut DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY) check this block. t Court St 18601 1 Penn GIFTS (See instructions on page 2) If NONE, check this box. S Source of Gift t Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. U 12 9 Value \bigcirc Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Name: SEPTY 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 Transferee (Name and Address) 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). Enter Current Date ._ 🕰 THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.