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2013 JUN -7 PM 4: 52

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

MEMBER OF THE BOARD OF GOVERNORS OF THE STATE SYSTEM OF HIGHER
EDUCATION

June 7, 2013

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, Christopher H. Franklin, 1642 Knobb Hill Lane, Paoli 19301, Chester County, Nineteenth Senatorial District, for appointment as a member of the Board of Governors of the State System of Higher Education, to serve until December 31, 2014, and until his successor is appointed and qualified, vice Harold C. Shields, Allison Park, whose term expired.

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
FRANKLIN CHRISTOPHER H
02 ADDRESS (work or home) City State Zip Code Area Code Phone
1642 KNOBS HILL LA PAOLI PA 19301 610 645-1081

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 BOARD MEMBER ☐ seeking ☒ hold ☐ held

B BOARD 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 SYSTEM OF HIGHER EDUCATION

B WEST CHESTER UNIVERSITY

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:

C.O.O. AQUA AMERICA INC. 2012

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: CITIZENS BANK CREDIT CARD Address: P.O. Box 18204 BALTIMORE MD

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: AQUA AMERICA INC. Address: 762 LANCASTER AVE BRYN MAWR PA

ITC HOLDINGS INC. 27175 Energy Way Novi Michigan

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, 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) AQUA AMERICA INC. (Address) 27175 ENERGY WAY - NOVI MI

Name: ITC HOLDINGS INC. Address: 1274 BLANCKET ST. RICHMOND

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. § 4804 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Signature] Enter Current Date 6-10-13

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

Christopher Franklin

#4 C – Hold , Board Member

#5 C- SEPTA

#13

(3) Magee Rehabilitation Hospital (Board member)
Six Franklin Plaza
Philadelphia, PA 19102-1177

(4)The Walnut Street Theatre (Board member)
825 Walnut Street
Philadelphia, PA 19107

STATE ETHICS
COMMISSION

2013 JUN 12 PM 4 33

SENATE OF PA
SECRETARY'S OFFICE

2013 JUN 12 PM 4:43

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