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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 MANSFIELD UNIVERSITY
OF PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

May 31, 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, Max P. Gannon, Jr., 24 Main Street, P.O. 327, Towanda 18848, Bradford County, Twenty-third Senatorial District, for appointment as a member of the Council of Trustees of Mansfield University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until his successor is appointed and qualified, vice Ada Saxton, Harrisburg, whose term expired.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	G A N N O N	M A X	P	J R

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone
	23 Main Street PO Box 327	Towanda	PA	16848	(570)	245-3197

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)				<input type="checkbox"/> Check this block if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	
	B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
A	M e m b e r			
	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
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	C O U N C I L O F T R U S T E E S O F M A N S F I E			
B	B R A D F O R D C O U N T Y I N D U S T R I A L D E V			

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 <u>PRIOR</u> calendar year indicated:
	Owner - Independent Insurance Agency	2 0 1 2

08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	Interest Rate
	Name: Ally Lease Suburban	0%
	Address: PO Box 380902, Bloomington, MN	2.5%
	Name: Lincoln AFS (Lease Lincoln)	
	Address: PO Box 542000, Omaha NE 68154	
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. <input type="checkbox"/>	(OFFICIAL USE ONLY)
	Name: Dairy Lea Cooperative	
	Address: Syracuse, NY	
	Name: Gannon Associates Inc	
	Address: Towanda, PA (Lease see attached)	
	Assoc. Ins. + Financial Services, LLC	
	Towanda, PA	

11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
	Source 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. <input checked="" type="checkbox"/>	Value
	Source (Name and Address)	

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held
	Business Entity (Name and Address)	
	Name: Please see attached	
	Address:	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held
	Name and Address of Business	
	Gannon Associates Inc. Address in #10413	73%

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred
	Business (Name and Address)	
	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

Max P. Gannon

Enter Current Date

6/10/2013

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

STATEMENT OF FINANCIAL INTERESTS

GANNON, MAX P JR.

05 GOVERNMENTAL ENTITY

- A. Council of Trustees of Mansfield University of Pennsylvania
- B. Bradford County Industrial Development Authority

10. DIRECT OR INDIRECT SOURCES OF INCOME

Dairylea Cooperative – 5001 Brittonfield Parkway, Syracuse, NY 13221
Gannon Associates, Inc. – 28 Main Street, PO Box 327, Towanda, PA 18848
Associated Ins & Financial Services, LLC – 28 Main Street, PO Box 327, Towanda, PA 18848

13. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Gannon Associates, Inc. - 28 Main Street, PO Box 327, Towanda, PA 18848	Pres. Sec & Treas.
Bradford County Industrial Development Authority – 228 Desmond St., Sayre, PA	Member
Citizens & Northern Bank - 90 Main Street, Wellsboro, PA 16901	Regional Director
Associated Ins & Financial Services, LLC - 28 Main St, PO Box 327 Towanda, PA 18848	– Employee
Dairylea Cooperative – 5001 Brittonfield Parkway, Syracuse, NY 13221	Employee

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STATE ETHICS
COMMISSION

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