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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE
THE GOVERNOR

MEMBER OF THE STATE BOARD OF CHIROPRACTIC

June 14, 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, Dr. John E. McCarrin, 605 W. State Street, First Floor, Media 19063, Delaware County, Ninth Senatorial District, for appointment as a member of the State Board of Chiropractic, to serve for a term of four years or until his successor is appointed and qualified, but not longer than six months beyond that period, vice Steven Karp, D.C., Garnet Valley, resigned.

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
	MCCARRIN	JOHN	E	DR
02	ADDRESS (work or home) 438 E. Baltimore Pike City Media State PA Zip Code 19063 Area Code 610 Phone 566-7124			
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 <input type="checkbox"/> Candidate (including write-in)	C <input 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)	<input type="checkbox"/> Check this block if you are amending an original filing
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	STATE LICENSE BOARD - member			
B	none			
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	St Bd of Chiropractic			
B	None			
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:	
	Chiropractor		2012	
08	REAL ESTATE INTERESTS (See instructions on page 2) (If NONE, check this box. <input checked="" type="checkbox"/>)			
	436 E. Baltimore Pike Media PA 19063			
09	CREDITOR (See instructions on page 2). Creditor (Name and Address)		Interest Rate	
	Name: Source for Bank (credit line)		Address: 125 S. Providence Rd Media PA	
			3.25%	
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: Self Employed - McCarrin Chiropractic		Address: 436 E. Baltimore Pike Media PA	
	Republic Bank (rental income)		Same Address	
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
	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: McCarrin Chiropractic		Address: 436 E. Baltimore Pike Media PA	
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			
	McCarrin Chiropractic 436 E. Baltimore Pike Media PA 19063		7.00%	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		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

Enter Current Date

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