

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ALBERT JEFFREY B

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DEPUTY SOLICITOR

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant Deputy Solicitor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: McKissock & Hoffman, P.C. - law firm Address: 1818 Market St., 3th floor, Phila, PA 19103

Self-employed as attorney, and consultant to Danvers Health Center PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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

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: McKissock & Hoffman, P.C., 1818 Market St., 3th floor, Phila, PA 19103

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 information provided on this form 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 law (Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b)).

Signature

Current Date

2/19/08

CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A L G A R I N J U L I O M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W A R D E N  seeking  hold  held

B M o n t g o m e r y c o u n t y P r i s o n  seeking  hold  held

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 M o n t g o m e r y c o u n t y P r i s o n

B

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:

W a r d e n - ( C o r r e c t i o n s ) 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor  
A T & T Universal Card  
Beneficial Bank (line of credit)

Interest Rate  
8.9%

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 4-29-2008

ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME ALLEN FIRST NAME PATRICIA MI 4 SUFFIX

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Public Official (Former) F  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 ASSISTANT DIRECTOR

B

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 MONTGOMERY COUNTY

B VOTER SERVICES

06 OCCUPATION OR PROFESSION (This may be the same as block 4) SAME

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor MBNA  
PENNA HOUSING FIN AGY

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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 information and belief, said affirmation being made subject to the penalties prescribed by the Ethics Act, 65 Pa.C.S. §1109(b), is true and correct as of the date hereof.

Signature: [Redacted] Date: 4-16-2008

DATE OF COMPLETION: [Redacted] COMPLETED.

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.  
2008 APR 26 10 14 AM  
RECEIVED  
OFFICIAL USE ONLY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 A R N O L D - Y E R G E R K A T H L E E N M M S

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)  Check this block if you are amending an original filing  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M E M B E R W O R K F O R C E I N V E S T M E N T  seeking  hold  held

B

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
LIBRARIAN

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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: MONTGOMERY COUNTY-NORRISTOWN PUBLIC LIBRARY  
 Address: 1001 POWELL STREET NORRISTOWN PA 19401

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): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity: MCLINC MONTGOMERY COUNTY LIBRARY & INFORMATION CONSORTIUM  
Position Held: BOARD MEMBER

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: \_\_\_\_\_  
Transferee (Name and Address): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date Transferred: \_\_\_\_\_

The undersigned hereunto certifies that the foregoing is a true and correct statement of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

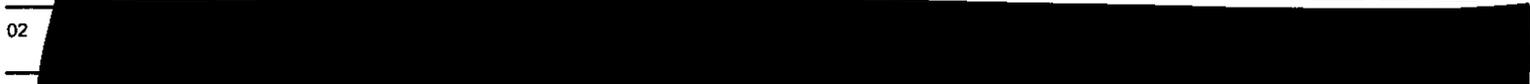
Current Date April 30, 2008

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 ASHE DENISE R



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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Member-Workforce Investment Bd.  seeking  hold  held

B

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Accountant

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor: Amer. Heritage Federal Credit Union  
 @ Wynn Credit Card  
 @ Linda Financial Serv

Interest Rate: 7.9%  
 18.9%  
 8.9%

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.  (OFFICIAL USE ONLY)

Name Address

2008 MAY 28 P 1:30 RECEIVED

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that this is a true and correct statement of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b).

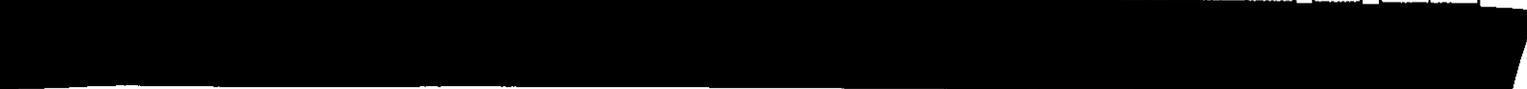
Signature: [Redacted] Current Date: 5/22/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BARTLE PAUL B



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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER REDEV AUTHORITY MONTCO

seeking  hold  held

B

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 MONTGOMERY COUNTY

B

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 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

BRUN MAJOR TRUST  
VISA AMERICAN EXPRESS

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

HIGSWARTZ LP 40 EAST AIRY STREET  
NORRISTOWN, PA. 19401

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

2008 MAR 7 P 2:34

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/9/2008

CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEAN JASON C

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDITOR  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Internal Auditor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated. 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

(OFFICIAL USE ONLY)

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein 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. § 1109(b).

Signature \_\_\_\_\_ Current Date 3/25/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
MAR 25 4 11 51  
OFFICE OF  
GENERAL SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BECKER NANCY J

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A RECORDER OF DEEDS  seeking  hold  held  
B REPUBLICAN STATE COMMITTEE

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  
B

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:  
RECORDER OF DEEDS 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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 Address  
MONTGOMERY COUNTY P.O. BOX 311, BERKSTOWN PA 19404  
SEE ATTACHED ADDENDUM  
OFFICE OF VOTER SERVICES MONTG. CO. PA. RECEIVED FEB 20 10 18

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
THE TUCKER ADVISORY GROUP, INC SR. PROJECT EXECUTIVE

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, under oath, that the foregoing is a true and correct statement of the undersigned's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 2/20/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

Commonwealth of Pennsylvania  
State Ethics Commission  
309 Finance Building  
P.O. Box 11470  
Harrisburg, PA 17108-1470

Statement of Financial Interests  
Addendum

RECEIVED  
2008 FEB 20 P 12:18  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

Becker, Nancy J.

10. DIRECT AND INDIRECT SOURCES OF INCOME (Including, but not limited to employment.)

Name	Address
<u>The Tucker Advisory Group, Inc.</u>	<u>10 Rock Spring Road, Chester Springs, PA 19425</u>
<u>Michael J. Becker (husband)</u>	<u>1798 Meadow Glen Dr., Lansdale, PA 19446</u>

Dividend & interest income from stocks, bonds and other holdings held in account with:

<u>Stifel Nicolaus</u>	<u>1146 S. Cedar Crest Blvd., Allentown, PA 18103</u>
<u>Morgan Stanley</u>	<u>1585 Broadway, New York, NY</u>

Rental Income from the following properties:

<u>611 Piedmont Court</u>	<u>Lansdale, PA</u>
<u>2310 Lexington Court</u>	<u>Lansdale, PA</u>
<u>211 Brunswick Court</u>	<u>Lansdale, PA</u>
<u>138 Ardwick Court</u>	<u>Lansdale, PA</u>
<u>152 Oberlin Terrace</u>	<u>Lansdale, PA</u>
<u>7704 Ocean Drive</u>	<u>Avalon, NJ</u>
<u>15D 99<sup>th</sup> Street</u>	<u>Stone Harbor, NJ</u>

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEVINGTON JEFFREY T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER MCHESAHA

B

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RETIRED

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Sign: [Redacted] Current Date: 4-9-07

OFFICE OF THE CLERK OF THE SUPREME COURT  
 VOTER SERVICES  
 MONTGOMERY COUNTY, PA  
 RECEIVED  
 APR 13 11:00 AM  
 INTEREST RATE

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B I R K E C B A C H G E R A L D J J R

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

1430 DeKalb Street Nossistown PA 19401 (717) 261-1234

COUNTY OF RESIDENCE Montgomery

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)  Check here if this is an amended form

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)

A MONTGOMERY COUNTY ECON. DEVEL.  seeking  hold  held

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Executive Director

07 YEAR The information below represents financial interests for the PRIOR year.

2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

OFFICE OF VOTER SERVICES  
MONTG. CO.

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1008 APR 23 12:05

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

Citizens Bank, Interest Rate 7.0%

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.

Name Address

Montgomery County 1430 DeKalb St.

Montgomery County Ind. Auth. 1430 DeKalb St.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is a true and correct statement of his or her financial interests to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Date: 4/22/08

BLOCKS ABOVE ARE NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Bookheimer Julie

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

Controller's Office Box 311 Norristown, PA 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Deputy Controller Audit

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 County of Montgomery PA

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represent financial interests for the PRIOR calendar year indicated:

Deputy Controller - Audit 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 6-2-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

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JUN - 6  
AUG 4 11  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 BRAUNER THOMAS N

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
 ASSESSMENT OFFICE P.O. Box 311 NORRISTOWN PA 19104-0311

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)  Check this block if you are amending an original filing  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF TAX ASSESSOR  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

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:

CHIEF TAX ASSESSOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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. (OFFICIAL USE ONLY)

Name: Montgomery County Address: P.O. Box 311, Norristown PA, 19104-0311

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/5/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BRESNAN JOSEPH E

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SOLICITOR  seeking  hold  held

B

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 AMBLER BOROUGH, ROCKLEDGE BOR, COUNTY OF MONTGOMERY

B

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 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

Harleysville Nat Bank; Ambler Savings 5%

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 Address

BRESNAN + HERDER SAME

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing is true to the best of his/her own knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4903 and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 3.22.08

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BROWN DAVID P

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A DEP DIR PUBLIC SAFETY FLD SERV  
B SUPERVISOR

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 MONTGOMERY COUNTY  
B NEW HANOVER TOWNSHIP

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:  
Dep Dir Public Safety - Field Services 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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: County of Montgomery, New Hanover Township  
Address: Courthouse, Norristown, PA, Gilbertsville, PA  
OFFICE OF VOTER SERVICES MONTG. CO. PA  
RECEIVED MAR 10 P 3 31

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

The undersigned here... said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3-7-08

TO J Passavella 7-7-08



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BUTTARO DAVID M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER  seeking  hold  held

B

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 MONTGOMERY COUNTY HIGHER

B EDUCATION & HEALTH AUTHORITY

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.

INSURANCE BROKER 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Ethics Act and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1/29/08

NOT FORWARDED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C A M I E L E D W I N P

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M E M B E R  seeking  hold  held

B

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 M O N T G O M E R Y C O U N T Y P R I S O N B O A R D

B

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:

PHYSICIAN 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 EDWIN P. CAMIEL, MD Address 624 HAZELHURST RD, MERION PA 19066

BE ATTACHED THE CAMIEL GROUP 624 HAZELHURST RD, MERION PA 19066

OFFICE OF THE STATE ETHICS COMMISSION  
VOTER SERVICES  
MONTGOMERY COUNTY

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2008 MAR 26 P 1:11  
OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, 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 EDWIN P. CAMIEL, MD THE CAMIEL GROUP BENEFIT INSURANCE FUND SONS OF ITALY IN ANZKA

Position Held JUDGE DIRECTOR VICE PRESIDENT DIRECTOR

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 EDWIN P. CAMIEL, MD 624 HAZELHURST RD MERION, PA 19066 THE CAMIEL GROUP 624 HAZELHURST RD MERION, PA 19066

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 information provided 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. § 1109(b).

Signature \_\_\_\_\_ Current Date 3/13/08

ANY BLOCK ABOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERESTS

#10

Lilly

WYETH PHARMACEUTICALS

ASTRA ZENECA

Abbott PHARMACEUTICALS

Pfizer PHARMACEUTICALS

LIFE COUNSELING SERVICES 1440 RUSSELL RD, PAOLI, PA

PHILMONT GUIDANCE CENTER 767 WELSH RD HUNTINGDON VALLEY, PA

NATIONAL INSTITUTE OF DRUG ABUSE (RESEARCH SUPPORT)

EDWIN P. CAMIEL, MD

RECEIVED

2008 MAR 26 P 1:11

OFFICE OF  
VOTER SERVICES  
MONTG. CO, PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
CARLUCCIO CAROLYN T

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A Chief Deputy Solicitor  seeking  hold  held  
B

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 Montgomery County  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Chief Deputy Solicitor  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.   
See attached

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor Interest Rate

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 Address  
See attached  
OFFICE OF VOTER SERVICES MONTG. CO. PA.  
RECEIVED MAY - 1 11:45

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
See attached

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  
See #10 above - Interest in Partnership

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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

S [Redacted Signature] Current Date May 1, 2008  
BLOCK ABOVE IS NOT COMPLETED.

**CAROLYN T. CARLUCCIO**

Financial Interests (2007)

10. Direct Income:  
Montgomery County, Tornetta Realty Corp. and private legal practice, 910 Germantown Pike, Plymouth Meeting, Pa. 19462.
- Dividend and Interest Income:  
American Electric Power; Boeing and Scattergood; Citigroup; PNC Bank; Merrill Lynch; Bank of America; Continental Bank; Sears Holding Co.
- Interest in Partnerships:  
Providence Properties, Valley Forge Properties and Montgomery Morgan, 910 Germantown Pike, Plymouth Meeting, Pa; Ben Franklin, L.P., Blue Bell, Pa; Galloway Apartments, Lansdale, Pa; Blue Investments and Valley Forge Daycare, Plymouth Meeting, Pa; EIC Solutions Inc., Warminister, Pa.
13. Treasurer/Director, Little Tower Foundation  
Director, Montgomery County Community College Foundation  
Treasurer/Director, Montgomery County Bar Association  
Director, Triangle Club of Montgomery County  
Director, Mission Kids  
Director, Americans of Italian Heritage Council  
President, Hello Columbus Committee

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2008 MAY - 1 A 11: 45

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: [E I G R K] FIRST NAME: [BUCKY] MI: [ ] SUFFIX: [ ]

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director  seeking  hold  held

B [ ]  seeking  hold  held

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 MONTGOMERY COUNTY INDUSTRIAL DEVELOP

B [ ]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Principal

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: St. Paul's Church Address: Doylestown, PA 18901

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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

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 information provided herein is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 1/30/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF  
 VOTER SERVICES  
 MONTG. CO.  
 RECEIVED  
 28 MAY 1 10 38 AM '08  
 STATE ETHICS  
 COMMISSION

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

CAVANAUGH MARLE N

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A JURY COMMISSIONER  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

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:

JURY COMMISSIONER 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

MONTGOMERY COUNTY PA STATE EMPLOYERS RETIREMENT SYSTEM PO Box 311 NORRISTOWN PA 19404

PA STATE EMPLOYERS RETIREMENT SYSTEM PO Box 1147 HARRISBURG 17120

RECEIVED  
 2008 APR 14 P 3:29  
 OFFICE OF THE  
 VOTER SERVICE  
 MONTG. CO. PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms, under oath, that the foregoing is a true and correct statement of the knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Commission and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: April 14, 2008

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C O G G I N S M A U R E E N C M S

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SOLICITOR  seeking  hold  held

B

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 SOLICITOR

B

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 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

Law offices Maureen Coggins 523 W. Linden St Allentown, PA 18101

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

own my own law office

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

Maureen Coggins, Attorney at Law own

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 information provided is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Access to Information Law and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Current Date 7-24-08

ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COLANERI JOSEPH J.

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER  seeking  hold  held

B DIRECTOR  seeking  hold  held

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 MONTCO WORKFORCE INVESTMENT BD

B EASTERN CTR. ARTS + TECHNOLOGY

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:

AUTS DIRECTOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

EASTERN CENTER FOR ARTS + TECHNOLOGY 3075 TERWOOD ROAD WILLOW GROVE, PA 19093

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

EASTERN 2500.00

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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 best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1/29/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COLOSIMO DONALD A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR ROADS & BRIDGES DEPT.

seeking  hold  held

B

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned here [redacted] son's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 2/25/08

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OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COOPER JULIA

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD OF ASSESSMENT APPEALS  seeking  hold  held

B

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

B

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:

Board of Assessment Appeals 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor NONE

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held, Relationship, Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/5/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COSTELLO JOSEPH

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SUPERVISOR  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: COUNTY OF MONTGOMERY J. COSTELLO INCOME TAX PREP  
Address: NORRISTOWN PA ROCKLEDGE PA VALLEY Forge PA PHILA PA SACRAMENTO CA

OFFICE OF VOTER SERVICES MONTGOMERY CO PA

RECEIVED

2008 MAY 2 A 9:19

Interest Rate (OFFICIAL USE ONLY)

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: ROCKLEDGE VOL. FIRE CO Position Held: DIRECTOR

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: J. COSTELLO INCOME TAX PREP Interest Held: PROP

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 his/her knowledge, information and belief; said affirmation being made subject to the penalties provided in the Official and Employees Ethics Act, 65 Pa.C.S. §1709(b).



Current Date 5/21/08

IF BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** **FIRST NAME** **MI** **SUFFIX**

C R U Z E P D I E

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B

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

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)  
Executive Director

07 **YEAR** The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: 2007

08 **REAL ESTATE INTERESTS** (See instructions on page 2) If NONE, check this box.

09 **CREDITORS** (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

11 **GIFTS** (See instructions on page 2) If NONE, check this box.

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.

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

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... person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa... Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 2/4/08

BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF NOTER SERVICES MONTGOMERY, PA

STATE ETHICS COMMISSION

RECEIVED

2008 MAY 11 A 9:28 AM

2008 MAY -05 A 10:37

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
D A M S K E R R u t h

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A COMMISSIONER  seeking  hold  held  
B CANDIDATE

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  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
County Commissioner  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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 certifies that the information and belief; said affirmation being made subject to the penalties of the Pennsylvania State Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 4/30/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

D	E	B	L	A	S	E	M	E	L	A	N	I	E	G	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A

B

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 P A R K H O U S E , N U R S I N G H O M E

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Nursing Home Administrator

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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. (OFFICIAL USE ONLY)

Name: Parkhouse Address: 1600 Black Rock Road  
(County Nursing Home) Royersford, PA 19468

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 2/29/2008

DO NOT SIGN IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 Demchick-Alloy Wendy

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PRISON BOARD INSPECTOR  seeking  hold  held

B

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

B

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: 2007

Director, Montgomery Child Advocacy Project (MCAAP)

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

Montgomery Child Advocacy Project Project Director

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 the truth, accuracy, and completeness of the information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Date: 3/22/08

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 2008 APR 1 PM 1:41  
 VOTER SERVICES  
 MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

D I M I N O J O S E P H M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR MONTGOMERY COUNTY HEALTH DEPT.

seeking  hold  held

B

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

B

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:

PHYSICIAN 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

MONTGOMERY COUNTY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that [redacted] is the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S. § 1109(b) and the Public Official and Employees Ethics Act, 65 Pa. C.S. § 1109(b).

Signature [redacted] Current Date 2-1-08

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 STATE ETHICS COMMISSION  
 2008 MAY 13 A 9:28 AM  
 MONTGOMERY COUNTY PA  
 OFFICE OF VOTER SERVICES

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME DONNELLY FIRST NAME WILLIAM MI E SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PROTHONOTARY  seeking  hold  held

B

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 MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) INS. SALES

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Wells Fargo Auto Leasing P.O. 29704 Phoenix AZ Bank of America Greensboro NC 27420-1848

ONE BANK Upper Dublin

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 Montgomery Co Donnelly Agency Address PO 311 Norristown PA 19044 PO 367 Horsham PA 19044

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Donnelly Agency Position Held Sole proprietor

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 Donnelly Agency P.O. 367 Horsham PA 19044 Interest Held 100%

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 certifies that the foregoing 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signed [Redacted] Current Date 1/30/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

DRUMMOND PATRICIA A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Administrator  seeking  hold  held

B Member  seeking  hold  held

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 PA DEPT of Labor AND INDUSTRY

B Workforce Investment Board

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:

Administrator 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor  
AES HARRISBURG PA 17130

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 Address  
PA Dept of Labor + Industry 7th + Forster St. Harrisburg PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the State Ethics Commission (17 Pa.C.S. § 1109(b)) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Current Date: 2/20/2008

RECEIVED  
 2008 MAY 13  
 OFFICE OF THE STATE ETHICS COMMISSION  
 VOTERS SERVICES MONITORING  
 PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

E C K E L B R U C E J

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER  seeking  hold  held

B ASST COUNTY SOLICITOR

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 WASTESYSTEM AUTHORITY OF EAST MC

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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	Address	Interest Rate
Montgomery County	Abington Twp ZNB	
DOUGHERTY & ECKEL	2209 MT. CARMEL AVE Glenside, PA 19038	1176 OLD YORK RD Abington PA 19003
	HATBORO ZNB	4145 YORK RD HATBORO PA 19040

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

2008 FEB 22 P 2:18

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OFFICIAL USE ONLY

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

DOUGHERTY & ECKEL PARTNER

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

DOUGHERTY & ECKEL 50% Partner

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 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. § 1109(b).

Signature \_\_\_\_\_ Current Date 2/8/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

E	L	L	I	S	T	H	O	M	A	S	J	
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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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M E M B E R  seeking  hold  held

B C O M M I S S I O N 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 S O U T H E A S T E R N P A T R A N S P O R T A U T H

B M O N T G O M E R Y C O U N T Y

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

Ballard Sparh Andrews & Ingersoll, LLP 1735 Market Street, Phila,  
County of Montgomery Norristown, PA

OFFICE OF VOTER SERVICES MONTGOMERY CO. PA.

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0008 APR 30 P 2:29

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided 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. § 6103 (relating to perjury) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 4/28/08

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS

Re: Thomas Jay Ellis

4. PUBLIC POSITION OR PUBLIC OFFICE.

C. STATE TREASURER - Seeking

5. GOVERNMENTAL ENTITY.

C. COMMONWEALTH OF PENNSYLVANIA

10. DIRECT OR INDIRECT SOURCES OF INCOME.

Independence Blue Cross - 1901 Market Street, Phila., PA 19103

Fidelity Cash Reserves, 82 Devonshire Street, Boston, MA 02109

Vanguard LifeStrategy Fund - P.O. Box 2600, Valley Forge, PA 19482

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2008 APR 30 P 12: 29  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Field FIRST NAME Kris MI W SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Member Workforce Investment Bd.  seeking  hold  held

B

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 Workforce Investment Board

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Manager Human Resources

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 BAE Systems Address 305 Richardson Rd 19446

Cosmar L'OREAL 57th Avenue NY, NY

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

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 BAE Systems Position Held Manager Human Resources

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 information provided 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 law (including, but not limited to, the provisions of the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b)).

Signature [Redacted] Current Date 1-30-08

OFFICE OF VOTER SERVICE MONITG. CO.

STATE ETHICS COMMISSION

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2008 MAY 3 AM 9:27 2008

Interest Rate

OFFICIAL USE ONLY

Page 27

MA - B

AD: 31

Value

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

FITTING JOAN L

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assessor - Real Estate

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor AMERICAN HERITAGE FEDERAL CREDIT UNION Interest Rate 9.95/3.90

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 Address

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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 FITTING APPRAISALS, Sole Proprietor Position Held

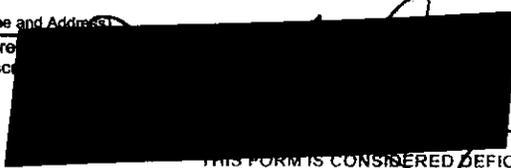
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

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 certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Ethics Law (Act 112 of 2002) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 3/6/2008

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.







# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G	O	L	D	S	T	E	I	N	E	R	I	C		
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

1430 DeKalb Street Norristown PA 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A D M I N I S T R A T O R M H M R D & A B H

B M O N T G O M E R Y C O U N T Y

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 M O N T G O M E R Y C O U N T Y

B

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:

Administrator MH/MR/D&A/BH 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that 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. § 6101 (relating to false statements) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature  Current Date 2-26-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 GRABFELDER MARK H

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

OFFICE OF  
 MONTGOMERY COUNTY  
 REC'D  
 MAR 22 4 08 PM '08

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 REAL ESTATE ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 07

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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	Address	(OFFICIAL USE ONLY)
SARAH HENDRICKS	107 WOODSTREAM DR. NORRISTOWN, PA 19403	

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)	Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity	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 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Current Date: 3-5-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

ORIGINAL

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G r a c i a      D o n a l d      J

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)     Check this block if you are amending an original filing

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A P r i s o n   B o a r d   o f   I n s p e c t o r s

seeking     hold     held

B

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

B

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: 2 0 0 7

See attached or back of this Sheet

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

See Back of this form or attached sheet

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

See Back of this form or attached sheet

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

See back of this form or attached sheet

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 information provided on this form 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. § 6103 and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 4-27-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

ORIGINAL

RECEIVED  
 2008 MAY 1 11:18  
 OFFICE OF  
 VOTER SERVICES  
 MONTEGUTY CO PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G R A E S L A U R E L F

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A S S T C O U N T Y S O L I C I T O R

B

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 M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTANT COUNTY SOLICITOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor None.

Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

Janney Montgomery Fund, Philadelphia PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description of Gift)

Value of Gift

12 TRANSPORTATION, LODGING, 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 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

number 10 above, Janney Montgomery

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 information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6105(b) and the Public Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date May 1, 2008

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
GRAF ROBERT W MR

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF CLERK  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

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: 2007

COUNTY ADMINISTRATOR

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information provided is true, correct, complete, and accurate to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 3/17/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.  
RECEIVED  
2008 MAR 17 P 3:04

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 GRAYAUSKIE LINDA A

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)  Check this block if you are amending an original filing  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SUPERVISOR REAL ESTATE DIV  seeking  hold  held

B

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 MONTGOMERY COUNTY COURTHOUSE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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. (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby acknowledge, information and belief; said affirmation being made subject to the penalties prescribed and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3/7/08

ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME HAGER FIRST NAME W. DOUGLAS MI      SUFFIX     

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MUNICIPAL AUTHORITY CHAIRMAN  seeking  hold  held

B MUNICIPAL AUTHORITY ASST. TREASURER

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 LOWER PROVIDENCE TOWNSHIP

B LOWER PROVIDENCE TOWNSHIP

06 OCCUPATION OR PROFESSION (This may be the same as block 4) INSURANCE VICE PRESIDENT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 CO-OP AGENCY, INC. SUBSIDIARY OF ASSOCIATED WHOLESALES, INC. (ADI) WACHOVIA BANK N.A. Address 709 E. LINCOLN AVE. MYERTOWN, PA. 17067 1525 W. AT HARRIS BLVD 3815 CHARLOTTE, NC 28262-8524

OFFICE OF STATE ETHICS  
VOTER SERVICE CENTER  
MONTG.  
2008 MAY 13  
RECEIVED  
OFFICIAL USE ONLY  
A 9:28 AM '08  
MAY 13 10:33

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

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 ADI/CO-OP AGENCY, INC. Position Held VICE-PRESIDENT

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 information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Current Date 2/10/08

IF BLOCK ABOVE IS NOT COMPLETED.

HOLD

- .04 c. Member Montgomery County Workforce Investment Board
- .05 c. Montgomery Co.

Doug Hager Financial Statement

- 10. TD Ameritrade 4075 Sorrento Valley San Diego, CA 91212  
Piedmont Office Realty Trust, Inc. c/o Wells Capital, Inc. P.O. Box 2828  
Norcross, GA 30091-2828  
Inland Securities Corp 2901 Butterfield Rd. Oak Brook, IL 60523  
Brinker Capital also for IRA 1055 Westlakes Drive Ste 250 Berwyn, PA 19312  
AIM Investments Roth IRA P.O. Box 4257 Houston, TX 77210-4257  
Principal Financial Group 401K Des Moines, IA 50592

RECEIVED

2008 MAY 13 A 9: 28

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2008 MAY -6 A 10: 37

STATE ETHICS  
COMMISSION

# STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX  
 HAMEL MICHAEL F

County of Residence MONTGOMERY

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
 Candidate (including write-in)  Nominee  Public Official (Current)  
 Public Official (Former)  Public Employee (Current)  Public Employee (Former)

04 Public Position or Public Office you are  seeking  hold  held (member, Commissioner, job title, etc.)  
 A CHIEF ADULT PROBATION OFFICER  
 seeking  hold  held

05 Political Subdivision/Agency (Twp., Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee.  
 A MONTGOMERY COUNTY COURTS  
 B

06 Occupation or Profession (This may be the same as block 4) CHIEF PROBATION OFFICER  
 07 Year The information below represents financial interests for the prior calendar year. 2007

08 Real Estate Interests (  If NONE, check this box. See instructions on page 2).

09 Creditors (  If NONE, check this box. See instructions on page 2).  
 Creditor

10 DIRECT OR INDIRECT SOURCES OF INCOME (  If NONE, check this box. See instructions on page 2).

Name MONTGOMERY COUNTY

Address P.O. BOX 311  
 NORRISTOWN PA 19380

OFFICE OF  
 VOTER SERVICES  
 MONTG. COUNTY

RECEIVED  
 2008 JUN -6 A 11:46  
 (OFFICIAL USE ONLY)  
 Interest Rate  
 Value of Gift

11 GIFTS (  If NONE, check this box. See instructions on page 2).  
 Source of Gift

Address

Address of Source of Gift

Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (  If NONE, check this box. See instructions on page 2).

Value

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (  If NONE, check this box. See instructions on page 2).

Business Entity

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (  If NONE, check this box. See instructions on page 2).

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (  If NONE, check this box. See instructions on page 2).

Business (Name and Address)

Interest Held  
 Relationship  
 Date Transferred

Transferee (Name)

The undersigned hereby certifies that the foregoing is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Ethics Act, 65 Pa.C.S. §1109(b).

The undersigned hereby certifies that the foregoing is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Date

April 30, 2008



10. DIRECT OR INDIRECT SOURCES OF INCOME

Merrill Lynch  
717 5<sup>th</sup> Ave 7<sup>th</sup> Floor  
New York, NY 10022

The Vanguard Group  
P.O. Box 2600  
Valley Forge, PA 19482-2600

Columbia Management Distributors, Inc.  
One Financial Center  
Boston, MA 02111-2621

Tamarack Funds  
P.O. Box 219757  
Kansas City, MO 64121-9757

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2008 MAR 13 A 11:07

RECEIVED

March 9, 2008

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HANES D BRUCE

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  held

A REGISTER OF WILLS

B

OFFICE OF  
 ELECTIONS  
 VOTER SERVICES  
 ACCOUNTS COO  
 789 JILL RD  
 PHILA PA 19107  
 RECEIVED

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 COUNTY-MONTGOMERY

B

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 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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 Address (OFFICIAL USE ONLY)

D. BRUCE HANES & ASSOC, PC 1429 WALNUT ST STE 900  
PHILA, PA 19102

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

D. BRUCE HANES & ASSOC., PC OWNER/PRESIDENT

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

D. BRUCE HANES & ASSOC., PC 1429 WALNUT ST STE 900, PHILA PA 19102 100%

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

The undersigned hereby affirms that the information provided is correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by law and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 7-11-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **HECKMAN** FIRST NAME **STEPHEN** MI **G** SUFFIX

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
**OFFICE OF PUBLIC DEFENDER - PO Box 311 - NORRISTOWN, PA 19404**

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **CHIEF PUBLIC DEFENDER**

B

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 **MONTGOMERY COUNTY, PENNSYLVANIA**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **CHIEF PUBLIC DEFENDER**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2007**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor **PSECU - P.O. Box 67012, HARRISBURG, PA 17106** Interest Rate **4.9%**

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.  (OFFICIAL USE ONLY)

Name Address  
**COMMONWEALTH OF PENNSYLVANIA HARRISBURG, PA**  
**MONTGOMERY COUNTY COURTHOUSE, PO BOX 311 NORRISTOWN PA**  
**PATRICIA A ZAFFRANO ESQ 412 BROOKWOOD DRIVE, AMBLER, PA 19004**  
**STEPHEN G HECKMAN, ESQ 1995 MORRIS ROAD, SUITE 100 BLUE BELL, PA 19422**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift **OFFICE OF VOTER SERVICE, MONTG. CO. PA**

Address of Source of Gift Circumstances (including description of Gift)

Value of Gift **RECEIVED MAY - 5 - 2008**

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 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 **LAW PRACTICE - BOREK + HECKMAN - INDIVIDUAL ATTORNEYS - NOT A PARTNERSHIP** Interest Held **100%**

**1995 MORRIS ROAD - SUITE 100 - BLUE BELL, PA 19422-1422** **SOLE PROPRIETOR**

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 information provided is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature **[Redacted]** Current Date **5/5/2008**

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 H E N D R I C K S O N A L I C E J

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone  
 P.O. BOX 311 NORRISTOWN PA 19404

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)  Check this block if you are amending an original filing  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF DEPUTY CLERK OF COURTS  seeking  hold  held

B VACANCY BOARD

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 MONTGOMERY COUNTY

B UPPER DUBLIN TOWNSHIP

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: 2007

CLERK OF COURTS - CHIEF DEPUTY

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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 Address  
 GARFIELD GROUP BLACKSMITH RD, NEWTOWN, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred  
 Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6103(b) and the Pennsylvania State Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Current Date 3-26-08

IF THIS PAGE ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HENNIGAN KATHLEEN

02 STREET ADDRESS (work or residence) ONE MONTGOMERY CITY PLAZA  
SWEDE + AIRY STS NORRISTOWN PA 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A

B

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 MONTGOMERY COUNTY BOA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) SENIOR ANALYST

07 YEAR The information in blocks 2 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

MONTGOMERY COUNTY BOA PO BOX 311 NORRISTOWN PA 19404

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

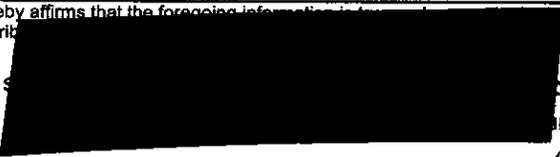
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 3/17/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF WATER SERVICES MONTG. CO. PA. RECEIVED APR 20 10 38

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME HLADIK FIRST NAME BARBARA MI LT SUFFIX

02 STREET ADDRESS One Montgomery City, Norristown PA State PA Zip Code 19401 Area Code Phone

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)  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee D  Public Official (Former)  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Chief Deputy Recorder of Deeds

B ASSISTANT COUNTY SOLICITOR

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 MONTGOMERY COUNTY

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor American Express Interest Rate 4.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name Harrington Associates, PC Address Bell Atlantic Tower 1717 Arch St, Ste 3210 Phila, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address) \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Harrington & Associates, P.C. Position Held Attorney

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.

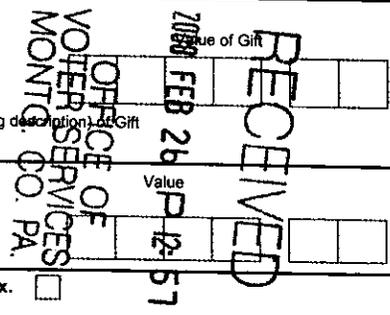
Business (Name and Address) \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 2/26/08



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O E F F E L J O S E P H M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY SECRETARY DCED

seeking  hold  held

B COUNTY COMMISSIONER

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 DEPARTMENT COMMUNITY ECONOMIC DEVELOPMENT

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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: COMMONWEALTH OF PENNA. SCHOOL DISTRICT OF PHILA KOHL, SWIFT + GRAF

Address: 1136 PHILADELPHIA 217 E. ONE SOUTH BROAD PHILADELPHIA

OFFICE OF THE CLERK OF THE SUPERIOR COURT OF PENNSYLVANIA  
NOTES RECORDED & INDEXED  
MONTGOMERY COUNTY, PA

2008 MAY 19 P 2:16

RECEIVED OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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

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 information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted]

Current Date: 5/9/08

IF BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
HOLT D. GREGORY

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A JURY COMMISSIONER  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

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.

JURY COMMISSIONER 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

OFFICE OF OTHER SERVICES MONTG. CO. PA.  
RECEIVED  
APR 14 3:24 PM '08  
OFFICIAL USE ONLY

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 Address  
GEO SPECIALTY CHEMICALS 390 MATTHEWS ROAD AMBLER, PA  
COUNTY OF MONTGOMERY NORRISTOWN, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 4/14/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O T C H K I S S J A M E S G J R

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A R E A L E S T A T E A S S E S S O R  seeking  hold  held

B T O W N S H I P C O M M I S S I O N E R  seeking  hold  held

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 M O N T G O M E R Y C O U N T Y

B U P P E R M O R E L A N D T O W N S H I P

06 OCCUPATION OR PROFESSION (This may be the same as block 4) REAL ESTATE ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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  (OFFICIAL USE ONLY)

Name Address

Montgomery County Courthouse NARRYSTOWN, PA 1904-0311

Upper Merion Township 117 PARK AVE WIG, PA 19090

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

WILSON GROVE VOL. FIRE CO. DIRECTOR (W.G.) OF MEMBERSHIP. (W.G.)

ROSLINE VOL. FIRE CO. VICE PRESIDENT (ROSLINE)

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 information provided herein 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 law (including, but not limited to, the provisions of the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [Redacted] Current Date: 3/7/08

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
HUFF CHRISTOPHER A

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A RESIDENTIAL ASSESSOR  
B  seeking  hold  held

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 COUNTY OF MONTGOMERY  
B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4) RESIDENTIAL ASSESSOR  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.   
233 S. ROLAND ST. POTTSTOWN PA 19464

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor: AMERICAN HOME BANK 3840 HEPLAND RD. MOUNTVILLE PA 17554 Interest Rate: 6.25

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.   
Name: COUNTY OF MONTGOMERY Address: PO Box 311 NORRISTOWN PA 19401

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):  Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity:  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):  Interest Held:   
Transferee (Name and Address):  Relationship:  Date Transferred:

The undersigned hereby affirms that the information provided herein 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 law (relating to the reporting of financial interests) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/5/08

CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME HUGHES FIRST NAME KENNETH MI B SUFFIX

02 STREET ADDRESS (work or residence) PLANNING COMMISSION, COURT HOUSE, P.O. BOX 311, NORRISTOWN, PA 19404 City NORRISTOWN, PA State PA Zip Code 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PLANNING COMMISSION DIRECTOR

seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) LAND PLANNER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor SOVEREIGN BANK Interest Rate 6.49%  
1130 BERKSHIRE BLVD  
WYOMISSING, PA 19610

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 COUNTY OF MONTGOMERY Address BOX 311, COURT HOUSE, NORRISTOWN, PA

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) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity \_\_\_\_\_ 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) \_\_\_\_\_ Interest Held \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 4/24/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME H Y S L O P FIRST NAME V i n c e MI W SUFFIX M R

02 STREET ADDRESS (work or residence) Finance Office, Suite 800 ONE MONTGOMERY PLAZA State PA Zip Code 19401 Area Code [REDACTED] Phone [REDACTED]  
NARRISTOWN

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT FINANCE DIRECTOR  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTANT FINANCE DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name County of Montgomery Address ONE MONTGOMERY PLAZA  
SUITE 800, ONE MONT. PLAZA  
NARRISTOWN, PA

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)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity

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 information provided 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. § 6103 and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [REDACTED] Current Date 2/26/08

RECEIVED  
 FEB 26 10 03 AM '08  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ITALIA CARMELO S JR

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A HORSHAM LANDRAUSE AUTHORITY MA

B WORKER RELIANCE INVESTMENT BOARD TRGS

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 CONVENTION ADVISITORY BOARD TRGS

B LIMBACH COMMUNITY AUTHORITY

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:

PRESIDENT - EC DEV ORG 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

None

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor HOLD - 4.75% AND 6.49%  
BANK OF AMERICA  
CHASE

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 Address

ANDRZEJ WILK 447 PINE ST UNIT 2  
ROXBOROUGH, PA 19082 BRIDGE

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

INDUSTRIAL DEVELOPMENT CORP PRESIDENT

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

None

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

The undersigned hereby affirms that the information provided herein is true and correct to the best of his or her own knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b).

Signature: [Redacted] Current Date: 2/11/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J A F F E R O B E R T M

02 STREET ADDRESS (work or residence) City State Zip Code Area Code

ONE MONTGOMERY PLAZA NORRISTOWN PA. 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A S S E S S O 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 T Y O F M O N T G O M E R Y

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:

ASSESSOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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 Address (OFFICIAL USE ONLY)

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein 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. § 6105 (relating to perjury) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Current Date

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

JOHNSON MICHELE A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER

seeking  hold  held

~~MAX MONTGOMERY COUNTY WORKFORCE BOARD~~

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 MOUNTCO WORKFORCE INVESTMENT BOARD

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Exec. Director

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

Merck + Co Inc Whitehouse Station NJ

RECEIVED  
MAY 3 9:28  
OFFICE OF  
VOTER SERVICES  
MONTGOMERY COUNTY, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is a true and correct statement of the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 5 May 08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J U D G E J O H N P

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M E M B E R  seeking  hold  held

B

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 M O N T G O M E R Y C O U N T Y W I B

B

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.

V.P. EDUCATION  
ABC, SOUTHEAST PA

2008 MAY 13 A P 18

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

ABC, SEPA 430 W. GERMANTOWN PIKE  
E. NORRITON PA 19403

2008 MAY 13 A P 18

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3/25/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 K L I N E J O A N N E 0

02 STREET ADDRESS (work or residence) City State Zip Code Area Code  
 HSC - 1430 DeKalb St. Norristown PA 19404-0311

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)  Check this block if you are amending an original filing  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPARTMENT HEAD  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

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:

Department Head 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address  
 Montgomery County P.O. Box 311, Norristown, PA 19404-0311

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held  
 Transferee (Name and Address) Relationship  
 Date Transferred

The undersigned hereby affirms that the information furnished herein is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties provided in the Pennsylvania State Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1-28-08

IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
KONNICK JAMES A

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A BOARD MEMBER  seeking  hold  held  
B

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 MONTGOMERY COUNTY HIGHER EDUCATION  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Executive  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor  
OFFICE OF VOTER SERVICES MONTG. CO. PA. APR 18 AM 11:30 RECEIVED

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 Address  
The Cardinal Group Inc 828 N Hanover St  
Pottstown Pa 19404

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

The undersigned hereby certifies that the information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Current Date 1/25/08  
NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** LaCava **FIRST NAME** Susan **MI**    **SUFFIX**   

02 **STREET ADDRESS (work or residence)** Swede + Airy Streets Suite 301 **City** Norristown **State** PA **Zip Code** 19404 **Area Code**    **Phone**   

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)     Check this block if you are amending an original filing

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold  hold

A MAPPING SUPERVISOR  seeking  hold  hold

B     seeking  hold  hold

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, county, commission, county, school district, twp, etc.)

A NONE

B   

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) MAPPING SUPERVISOR

07 **YEAR** The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: 2007

08 **REAL ESTATE INTERESTS** (See instructions on page 2) If NONE, check this box.

09 **CREDITORS** (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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.  (OFFICIAL USE ONLY)

Name	Address

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)	Value

13 **OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS** (See instructions on page 2) If NONE, check this box.

Business Entity	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 certifies that the foregoing is a true and correct statement of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3-5-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L A N K F O R D J A M E S M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M B R - H I G E R E D U C A T I O N A N D

B H E A L T H A U T H O R I T Y

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

AUTOMOBILE DEALER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) IF NONE, check this box.

09 CREDITORS (See instructions on page 2). IF NONE, check this box.

Creditor

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	Address
LANKFORD Buick Pontiac GMC INC	301 Alan Wood Rd Conshohocken PA
HERITAGE COACH CO.	301 Alan Wood Rd Conshohocken PA

RECEIVED  
 2008 APR 18 A 11:00  
 OFFICE OF THE CLERK OF THE COMMONWEALTH OF PENNSYLVANIA  
 VOTER SERVICES  
 MONTG. COUNTY PA

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)	Value
Address of Source of Gift	Circumstances (including description) of Gift

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity LANKFORD Buick Pontiac GMC  
HERITAGE COACH CO.

Position Held PRES. v.p.

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 LANKFORD Buick Pontiac GMC - Conshohocken PA  
HERITAGE COACH CO. - Conshohocken, PA

Interest Held 100%  
50%

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 information provided herein 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. § 6109(b).

Signature [Redacted] Current Date 1/30/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L E P O R E F R A N K J

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR OF SECURITY  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Director of Security

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: Feb. 26, 2008

ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA.  
 2008 FEB 26 9 1:52



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LIBERATO ANTHONY I

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein 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 law (including, but not limited to, the provisions of the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [Redacted] Current Date: 3/10/2008

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
LIN MANHUA

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A Workforce Investment Board  seeking  hold  held  
B

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  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Chemist  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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 Ever Nu Technology LLC Address 1616 Holly Hill Lane, Suite 108, Maple Glen, PA, 19007

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift  
Address of Source of Gift  
Circumstances (including description) of Gift  
Value of Gift

12 TRANSPORTATION, LODGING, 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 President, EverNu Technology 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 EverNu Technology, 1616 Holly Hill Lane, Suite 108, Maple Glen PA Interest Held 100%

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 information and belief; said affirmation being made subject to the penalties prescribed by the Public Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Signature [Redacted] Current Date 3/14/2008

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LOCKARD RODNEY JR

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE TAX ASSESSOR

seeking  hold  held

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 BOARD OF ASSESSMENT APPEALS

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
REAL ESTATE TAX ADVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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. (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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

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 certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3/5/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LOWE STEPHANIE L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER  seeking  hold  held

B

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 MONTGOMERY CITY WORFOLCE INVEST-  
B MENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) BOARD MEMBER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated. 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

1043 YEADON AVE, YEADON, PA 19055

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor BMW FINANCIAL PO BOX 600, SPRINGFIELD, PA 17081  
Interest Rate 3.9%

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 Address  
COMCAST OF MONTGOMERY COUNTY ONE APOLLO ROAD PLYMOUTH MEETING, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift 19462 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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held  
COMCAST OF MONTGOMERY COUNTY DIRECTOR, GOVERNMENT AF

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 information provided is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6103(b) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 5-29-08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MACDONALD KENNETH R MR



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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W i b B o a r d M e m b e r M o n t g o m e r y C o

B

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 M o n t g o m e r y c o u n t y

B

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.

B u s i n e s s M a n a g e r I B E W 3 8 0

2 0 0 6

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

I B E W L o c a l U n i o n 3 8 0 3 9 0 0 R i d g e P i k e C o l l e g e v i l l e P a 1 9 3 6

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

I B E W L o c a l U n i o n 3 8 0 B u s i n e s s M a n a g e r

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 information provided is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1-29-08

ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A G U I R E W I L L I A M M

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D S E C R E T A R Y ( P R I S O N B O A R D )  seeking  hold  held

B

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 M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) BOARD SECRETARY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.  NONE

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.  NONE

Name RETIRED Address

OFFICE OF THE CLERK OF THE SUPERIOR COURT  
VOTER SERVICES  
MONTGOMERY COUNTY, PA.

2008 APR 11 9 1:41  
RECEIVED  
OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.  NONE

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.  NONE

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  NONE

Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  NONE

Name and Address of Business Interest Held

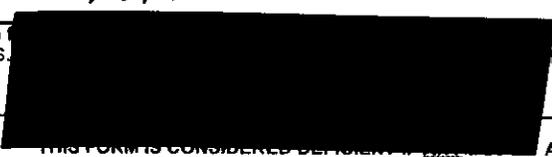
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  NONE

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the above information is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 7/10/08



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A R O S E K S A N D Y L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, board, court, county commission, county, school district, twp, etc.)

A A S S E S S O R

B

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:

ASSESSOR 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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	Address	(OFFICIAL USE ONLY)
MONTGOMERY CTY	MORRISTOWN PA	
GATEWAY PHARMACY	PHOENIXVILLE PA	

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift	Value of Gift

12 TRANSPORTATION, LODGING, 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	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 certifies that the foregoing is a true and correct statement of the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/6/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A T T H E W S J A M E S R

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNTY COMMISSIONER

B

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 MONTGOMERY COUNTY

B

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:

mortgage broker 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Willow Financial Bank

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 Charter Abstract Address Ft. Washington, PA 19034

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

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 PCCA, PCVB Position Held Director

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 (no income in 2007) \* KEELAN MORTGAGE CORP, 1504 Walnut Ave. Oreland PA 19075 Interest Held 100%

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 is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. § 1109(b).

Signature [Redacted] Current Date 4/22/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MAZA JAMES W

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY CHIEF OPERATING OFFICER

seeking  hold  held

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 MONTGOMERY COUNTY

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:

See 4 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor NONE Interest Rate

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 Address

Montgomery Co. PA  
MAZA + DAVID Souderstown PA

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

2008 Value of Gift

OFFICE OF VOTER SERVICES  
MONTGOMERY CO. PA

RECEIVED  
AUG - 6 P 3:15

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 Position Held

MAZA + DAVID PARTNER

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

MAZA + DAVID 58% Partner

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 certifies that the information furnished herein 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 the laws of this Commonwealth and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date Aug 6 07

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

McFarland Nancy T

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Prison Board Inspector  seeking  hold  held

B

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 Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Clerk

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Proto-tube Prod. Inc. Address 3219 W. Ridge Pk., Eagleville, Pa. 19403

Lower Proulx Twp, 100 Parklane Dr., Eagleville, Pa. 19403

Montgo. County Swede & Arty Sts., Norristown, Pa. 19380

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Proto Tube Prod. Inc. Position Held owner

Flea mkt sales / Montgo County clerk

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 Proto-tube Prod. Inc. 3219 W. Ridge Pk., Eagleville, Pa. 19403 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 herewith certifies that the foregoing is a true and correct statement of the financial interests of the undersigned as of the date hereof, to the best of the undersigned's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 4-30-08

OFFICE OF MERIT SERVICES PENN. STATE ETHICS COM. PA. RECEIVED APR 29 12:44 PM '08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MCGROVER JOSEPH J. JR

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PLEASE SEE ATTACHED  seeking  hold  held

B

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 PLEASE SEE ATTACHED

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Attorney

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box:

09 CREDITORS (See instructions on page 2) If NONE, check this box:

Creditor: PNC Credit - No Balance

Interest Rate: 4.99%

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: PLEASE SEE ATTACHED LIST Address:

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): [ ] Value: [ ]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box:

Business Entity: Hamburg Robin Mullin, Maxwell & Lipin Position Held: Director

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: [ ]

Transferee (Name and Address): [ ] 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 1-18-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

Line 4

Current Solicitor Appointments

1. Upper Merion Township Zoning Hearing Board
2. Plymouth Township Zoning Hearing Board
3. Borough of West Conshohocken
4. Douglass Township, Berks County
5. Limerick Township

Line 5

Mental Health Review Officer for Montgomery County

Line 10

Centerpoint Partners, Inc.  
1741 Valley Forge Road  
P.O. Box 991  
Worcester, PA 19490

County of Montgomery  
P.O. Box 311  
Norristown, PA 19404

Hamburg, Rubin, Mullin, Maxwell & Lupin  
375 Morris Road  
P.O. Box 1479  
Lansdale, PA 19446

RECEIVED

2008 JAN 25 A 9 47

DEPT OF  
VOLUNTEER SERVICES  
MONTG CO, PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** M I L L E R **FIRST NAME** B A R R Y **MI** M **SUFFIX** \_\_\_\_\_

02 **STREET ADDRESS (work or residence)**  
One Montgomery Plaza, Suite 800, P.O. Box 311 **City** Norristown **State** PA **Zip Code** 19404 **Area Code** 610 **Office No.** 222-1111

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)     Check this block if you are amending an original filing

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S O L I C I T O R  seeking  hold  held

B \_\_\_\_\_

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 M O N T G O M E R Y C O U N T Y C O M M I S S I O N E R S

B M O N T C O J U V E N I L E P R O B A T I O N D E P T

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) Attorney

07. **YEAR** The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: 2 0 0 7

08 **REAL ESTATE INTERESTS** (See instructions on page 2) If NONE, check this box.

09 **CREDITORS** (See instructions on page 2). If NONE, check this box.   
 Creditor \_\_\_\_\_

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	Address	Interest Rate
Montgomery County	Norristown, PA 19401	
Law Offices of Barry Miller	54 East Penn Street Norristown, PA 19401	

11 **GIFTS** (See instructions on page 2) If NONE, check this box.

Source of Gift	Address of Source of Gift	Circumstances (including description) of Gift	Value of Gift

12 **TRANSPORTATION, LODGING, 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	Position Held
Law Office of Barry M. Miller	Owner/Attorney

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
Law Offices of Barry M. Miller, 54 E. Penn Street Norristown, PA	100%

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instructions on page 2) If NONE, check this box.

Transferee (Name and Address)	Interest Held	Relationship	Date Transferred

The undersigned hereby affirms to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Current Date: 1/25/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
 2008 FEB 22 2:18  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
MILLER MARY C

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A DIRECTOR  seeking  hold  held  
B

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 CONSUMER AFFAIRS  
B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Director  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor Honda Interest Rate 5.75%  
(OFFICIAL USE ONLY)

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 UBS Address EIMST  
VANGUARD Conshohocken PA 19428  
P.O. Box 7800 Ph. la 19101

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) Value  
2008 MAY - 2

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
OFFICE OF VOTER SERVICES MONTG. CO. PA.

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  
AD-1

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held  
Transferee (Name and Address) Relationship Date Transferred

The undersigned hereby affirms, under oath, that the information provided herein is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Access to Information Act, 65 Pa.C.S. §1109(b).  
Signature [Redacted] Current Date 4-28-08

IF THIS FORM IS BEING FILED WITH THE STATE ETHICS COMMISSION AND THE ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M I R A G L I A J U L I A N Y

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER  seeking  hold  held

B

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 MONTCO INDUSTRIAL DEV. AUTH.

B

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:

REAL ESTATE INVESTOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor BRYN MAWR TRUST CO BRYN MAWR, PA 19010 6.25%  
STURDY SAVINGS BANK CAPE MAY CT HSE, NJ 08210 6.75%  
SUSQUEHANNA BANK DV BRYN MAWR, PA 19010 PRIME

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. (OFFICIAL USE ONLY)

Name REAL ESTATE INVESTMENTS Address 1 W. 6th Ave Conshohocken, PA  
DIRECTOR'S FEES

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held  
SUSQUEHANNA BANK DV DIRECTOR

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  
612 FAYETTE ASSOC 1 W. 6th Ave Consho, PA 51%  
FAMIRA INVESTMENTS LLC 47%

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

The undersigned hereby affirms that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 10/22/08

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
MORGAN DIANE B MS

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A CONTROLLER  seeking  hold  held  
B

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 MONTGOMERY COUNTY  
B

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:  
BUSINESS OWNER/CONTROLLER 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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.  (OFFICIAL USE ONLY)  
Name Address  
UBS Financial Services  
Vanguard Funds

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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  
DM+A Insurance Agency 753 John Lane Ambler PA 19002

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 certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Current Date 4/7/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N E L S O N S T E V E N L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A member

B 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 M O N T G O M E R Y C O W I B

B C O N S H O H O C K E N B O R D P L A N N I N G C O M

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 11 below represents financial interests for the PRIOR calendar year indicated.

BUREAUCRAT 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor: American Express

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: County of Montgomery Address: PO Box 311 Norristown PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address): [ ]

Value: \$8

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: [ ] 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 certifies that the foregoing is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Current Date: 2/19/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NEWCOMER PHILIP W

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF OF LITIGATION  seeking  hold  held

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 COUNTY OF MONTGOMERY

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 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Nissan Motor Credit - 2.9%  
Toyota Motor Credit - 5.9%

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.  (OFFICIAL USE ONLY)

Name County of Montgomery Address PO Box 311  
Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description)

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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State Ethics Act and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 2/22/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
2008 FEB 22 P 3:25  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NOONAN THOMAS J

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF FINANCIAL OFFICER  seeking  hold  held

B

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) CHIEF FINANCIAL OFFICER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: COUNTY OF MONTGOMERY Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, 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: 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 certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

S: \_\_\_\_\_ Current Date: February 28, 2008

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MUGENT JOHN F 111

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR  seeking  hold  held

B MEMBER  seeking  hold  held

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 REDEVELOPMENT AUTH MONT CO

B HOUSING AUTHORITY MONT CO

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:

DIRECTOR 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms to the penalties prescribed by 18 Pa.C.S. § 6103(b) that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 2-11-08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NUGENT JOHN F

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B 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 REDEVELOPMENT AUTHORITY

B WORKFORCE INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) EXECUTIVE DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: Montgomery County Address: Redevelopment Authority

OFFICE OF VOTER SERVICES  
MONTG. CO. PA

2008 MAY 13 9:28 AM

RECEIVED

OFFICIAL USE ONLY

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: [ ] 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): [ ] Interest Held: [ ] Relationship: [ ] Date Transferred: [ ]

Transferee (Name and Address): [ ]

The undersigned hereby affirms that the information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 2-4-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

OLSZEWSKI CAROL I

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDIT MANAGER  seeking  hold  held

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 COUNTY OF MONTGOMERY

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:

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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: COUNTY OF MONTGOMERY Address: NORRISTOWN, PA

OFFICE OF VOTER SERVICES MONTG. CO. PA.

2008 FEB 26 11:44

RECEIVED

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): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: \_\_\_\_\_ 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 certifies that the foregoing is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date: 2/26/08



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

**O L S Z E W S K I** **J O A N N E** **C**

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **JURY COMMISSIONER**

seeking  hold  held

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 **MONTGOMERY COUNTY**

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.

**Small business owner** **2007**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

1 **Montgomery County P.O. Box 311 Norristown PA 19384**

2 **CISCO'S BAR & GRILL 1538 Bethlehem Pike Flourtown PA 19031**

3 **UBS FINANCIAL SERVICES 1735 MARKET ST. PHILA, PA 19103**

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

**CISCO'S BAR & GRILL 1538 Bethlehem Pike Flourtown, PA 19031** **OWNER**

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

**CISCO'S BAR & GRILL 1538 Bethlehem Pike Flourtown, PA 19031** **100%**

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

The undersigned hereby affirms that the information provided is true, correct, and complete to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: **4/23/08**

RECEIVED  
 APR 25 2 48 PM '08  
 OFFICE OF  
 PUBLIC SERVICES  
 MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

P A G E G A R R E T T D

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A T R E A S U R E R  seeking  hold  held

B

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 M O N T G O M E R Y C O U N T Y

B

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:

Treasurer / Attorney 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor: BANK of America, P.O. Box 15019, WILMINGTON, DE 19850 Interest Rate: 10.5%

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: LAW OFFICES OF GARRETT D. PAGE, P.C. Address: 1250 Germantown Ave/Suite 300, Plymouth Meeting, PA

Treasurer's Off. / City of Montgomery, Norristown, PA

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): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: \_\_\_\_\_ 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): \_\_\_\_\_ Interest Held: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

The undersigned hereby certifies that the foregoing is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Access to Information Act and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Current Date: 4/28/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PALEBMO MICHAEL J

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE TAX ASSESSOR  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) TAX ASSESSOR.

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

RECEIVED  
 2008 MAR 20 AM 10:38  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA.

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms, under oath and to the best of his or her personal knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature:  Current Date: 3/5/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Passarella Joseph R

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director of Voter Services  seeking  hold  held

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 Montgomery County

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:

Director of Voter Services 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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 Address

Montgomery County Po Box 311  
Norristown Pa 19404

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the information provided on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 4/29/08

DECLARED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

(3)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PHIFFER KATHY L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR HOUSING COMM DEVELOP

seeking  hold  held

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

B

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:

Director of Housing, Comm. Develop.

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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.  (OFFICIAL USE ONLY)

Name Address

Montgomery County Norristown, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 04/23/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA.  
 APR 23 PM 12:13  
 RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PORTNER HARVEY

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COMMISSIONER  seeking  hold  held

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 WORKFORCE INVESTMENT BOARD

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:

EDUCATOR / PUBLIC SERVANT 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

PROFESSIONAL HEALTHCARE INSTITUTE 1333 W. CHELTON HWY. APT. 1027 ELKINS PARK PA. 19027

CHELTON TOWNSHIP 8230 OLD YORK RD. ELKINS PARK, PA. 19027

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) Value of Gift

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date January 30, 2008

INSUFFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Partner FIRST NAME Roy MI B SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A 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 WORKFORCE INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) INSURANCE & INVESTMENT BANKER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Insurance Wholesaler Address Dallas Rd - Willow Grove PA

Illinois Mutual Illinois

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)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Winkesport Royals minor Hockey Assn. Position Held Board member

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 Partner Financial 63 Pinestone Jenkintown PA 19046 Interest Held 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

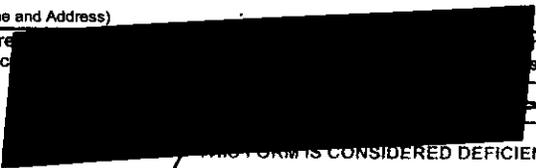
Transferee (Name and Address)

Interest Held

Relationship

Date Transferred

The undersigned hereby certifies that the foregoing is true to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 1-30-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PRICE JOAN M

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

Montgomery City Courthouse, POBx 311, NORTTSTOWN PA 19404

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SOLICITOR  seeking  hold  held

B

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 BOARD OF ASSESSMENT APPEALS

B

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 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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.  (OFFICIAL USE ONLY)

Name	Address	Value
Montgomery County Bd. of Assessment Appeals	(Same as Above)	

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift	Address of Source of Gift	Circumstances (including description) of Gift	Value of Gift

12 TRANSPORTATION, LODGING, 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	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 certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/18/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
 2008 MAR 20 4 10 38  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

RAQUET MAURFEN G

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) E  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ADMINISTRATOR  seeking  hold  held

B

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 MONTGOMERY COUNTY YOUTH CENTER

B

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:

SAME AS #4 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor FORD CREDIT @ \$15,000  
GMAC @ \$15,000

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 Address

MONTGOMERY COUNTY YOUTH CENTER 540 PORT INDIAN RD, NORRISTOWN  
WEST CHESTER UNIVERSITY ROSEDALE AVE, WEST CHESTER, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that [redacted] person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. [redacted] Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Current Date 2-25-08

IF BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

RIMEL WILLIAM P III

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  held  held

A MEMBER MONT CO HEALTH & HIGHER  seeking  held  held

B

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 MONTGOMERY COUNTY

B

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:

CONSULTANT 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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 Address

AFLAC COLUMBUS, GA

SOCIAL SECURITY

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1-29-08

STATEMENT OF FINANCIAL INTERESTS IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

RUTKOWSKI JOSEPH

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE ASSESSOR

OFFICE OF VOTER SERVICES MONTG. CO. PA. RECEIVED 2008 MAR 21 A 10:38

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 MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) REAL ESTATE ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

Montgomery County Courthouse P.O. Box 311 Norristown, PA 19404

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) 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. § 6101 and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 3.5.08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
Ryan Suzanne S

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A Montgomery County WLB  
B Valley Forge CVB

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  
B

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:  
External Affairs Manager 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor PSECU

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 Address  
PECO 2301 Market St., Phila, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.   
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.   
Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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 information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Signature \_\_\_\_\_ Current Date 4/9/08

RECEIVED  
MAY 13 9:27 AM '08  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA  
ETHICS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S A L T Z J E F F R E Y S

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER

seeking  hold  held

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 MONTGOMERY CTY IND DEV AUTH

B

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.

Lawyer 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Bank of America, PO Box 5270, Carol Stream, IL 60197  
Princeton University, PO Box 7780-4723, Philadelphia, PA 19182-4723  
Capital One Bank, PO Box 85147, Richmond, VA 23276

Interest Rate 2.88%

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 Address

Law Office of Jeffrey S. Sattz, P.C. 1500 JFK Blvd, Ste. 1930, Phila. PA 19102

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description of Gift)

Value of Gift

12 TRANSPORTATION, LODGING, 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 Position Held

Law Office of Jeffrey S. Sattz, P.C. Pres.

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

Law Office of Jeffrey S. Sattz, P.C. 100%

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 in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Current Date 1/15/08

VOID IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SANDLER KAREN W

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER W I B

B

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 WORKFORCE INVESTMENT BOARD MC

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Chancellor, Penn State Abington

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

None

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Eastern Mont Co Chamber of Commerce  
Abington Twp Economic Dev Comm.

Position Held Director  
Member (appointed)

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 information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 2-15-08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S A N D O M I C H A E L P

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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.  (OFFICIAL USE ONLY)

Name	Address

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)	Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity	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 information provided is true and correct to the best of the undersigned's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6103(b).

Signature

Current Date

3/7/2008

IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S C H A F F E R D O N N A M

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)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  held

A R E S I D E N T I A L A S S E S S O R  seeking  held

B

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 B O A R D O F A S S E S S M E N T

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RESIDENTIAL Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor: GM CAR

Interest Rate: 6.90

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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 information provided on this form 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/10/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHAIUBLE RANOBALL K

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A 1ST DEPUTY CONTROLLER  seeking  hold  held

B

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 COUNTY OF MONTGOMERY

B

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: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 5/23/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.  
MAY 23 A 8:53  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Schmidt Peggy S MS

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B

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 Montgomery County WIB

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Executive Director

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Nissan  
Citibank USA

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 Address

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

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 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 information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Election Code, 25 Pa.C.S. § 3101(a) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Current Date: 11/31/08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
 2008 MAY 3 A 9:28  
 OFFICE OF THE STATE ELECTIONS COMMISSION  
 VOTER SERVICES PA.  
 MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHUDA FRANCES E

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)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

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 DIRECTOR OF NURSING

B MONTGOMERY CITY, PARKHOUSE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) RN

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: MCKISSOCK & TOFFMAN, ESQ Address: PHILA, PA.

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided 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 the State Ethics Law (Act 11 of 1972) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3/5/08

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF VOTER SERVICES MONTGOMERY CO. PA.

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2008 MAR -6 P 3:51

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H A C K L E T T J A M E S H III

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M E M B E R  seeking  hold  held

B

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 M O N T G O M E R Y C T Y H I G H E R E D & H E A L T H A U T H .

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Chief Executive Officer

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

National Label Co. 205 Joshua Rd., Lafayette Hill, PA 19444

Delaware Valley Reg. Fin. Auth.

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

National Label Company Chief Executive Officer

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

Bel Air Aviation, 956 Charlotte St., Pottstown, PA 1008 National Label Company, 205 Joshua Rd., Lafayette Hill, PA 19444 19.23%

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 information provided is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 4/10/08

VOTER SERVICES  
MONTG. CO. PA  
2008 APR 18 11:00  
RECEIVED  
OFFICIAL USE ONLY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SHIVELEY JERRY W



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)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A EXECUTIVE DIRECTOR

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) SEE BLOCK 4

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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: MCVU Address: NORRISTOWN, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 01.29.08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF NOTER SERVICES MONTGOMERY CO. PA

STATE ETHICS COMMISSION

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2008 MAY 13 A 9:20 AM

MAY 16 10:38 AM

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J E A D E R J A M E S H J R

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR VETERANS AFFAIRS  seeking  hold  held

B

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 CO OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DIRECTOR VETERANS AFFAIRS

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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	Address	Value of Gift
USAA INVESTMENT MGT. CO	P.O. BOX 659453 SAN ANTONIO, TX 78262	5.18

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift	Address of Source of Gift	Circumstances (including description) of Gift	Value of Gift

12 TRANSPORTATION, LODGING, 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	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 the undersigned person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date April 2, 2008

BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H A R K E Y D E N N I S J

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

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 B O A R D A S S E S S M E N T A P P E A L S

B

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: 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

OFFICE OF VOTER SERVICES MONTG. CO, PA. RECEIVED 2008 MAR 20 A 10:38

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3-7-08

(THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S I E W E R T H E R M A N A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C O M M E R C I A L A S S E S S O R / S U P E R V I S O R  seeking  hold  held

B

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 T Y O F M O N T G O M E R Y B O A R D O F

B A S S E S S M E N T A P P E A L 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:

COMMERCIAL ASSESSOR SUPERVISOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

BENEFICIAL SAVINGS BANK 3.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name Address (OFFICIAL USE ONLY)

C-21 ALLIANCE R.E. 762 E. MAIN ST LANSDALE PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3/6/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA  
 2008 MAR 20 10:31 AM  
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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME SQUILLACE FIRST NAME FLORENCE MI A SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE APPRAISER

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Real Estate Appraiser

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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 MONTGOMERY County Address Box 311 NORRISTOWN PA 19404

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) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity \_\_\_\_\_ 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) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

The undersigned certifies that the information and belief, said affirmation being made subject to the provisions of the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature Date March 5, 2008

OFFICE OF VOTER SERVICES MONTG. CO. PA.

2008 MAR 20 A 10:38

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **STEVENS** FIRST NAME **NANCY** MI **B** SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **COUNTY EXTENSION DIRECTOR**

B

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 **COOPERATIVE EXTENSION**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **EDUCATION**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2008**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

OFFICE OF THE CLERK OF SUPERIOR COURT  
VOLPER SERVICES  
MONTG. CO. PA

2008 MAR 12 A 11:56  
RECEIVED

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided is correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by law (including, but not limited to, the provisions of the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [Redacted] Current Date: **3/10/08**

RED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S T O U T K A R E N A D R

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B B O A R D  seeking  hold  held

B P R E S I D E N T M C C C

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 M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) President, MCCC

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor GMAC (car loan)

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 Address

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided 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. §1109(b) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 1/30/08

2008 MAY 13 10:38 AM RECEIVED

STATE ETHICS COMMISSION

OFFICE OF VOTER SERVICES

MONTEGOMERY CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SULLIVAN THOMAS A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director of Public Safety

B

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 Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Same as above

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2017

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

OFFICE OF VOTER SERVICES MONTG. CO. PA

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OFFICIAL USE ONLY

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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 certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).



Current Date 4/29/18

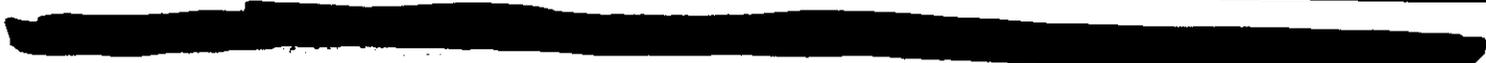
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SULOCK LINDA M



COUNTY OF RESIDENCE

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)  Check here if this is an amended form

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 04) 07 YEAR The information below represents financial interests for the PRIOR year.

2nd Deputy Clerk of Courts 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor NONE

10 DIRECT OR INDIRECT SOURCES OF INCOME (including, but not limited to employment. See instructions on page 2) If NONE, check this box.

Name: Montgomery County Address: Court House Norristown Pa

OFFICE OF THE CLERK OF THE SUPERIOR COURT  
VOTER SERVICE DIVISION  
MONTGOMERY COUNTY, PA  
317  
RECEIVED  
MAR 10 P 3 17  
OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift Reason for Gift Value of Gift

12 TRANSPORTATION, LODGING, 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 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is a true and correct statement of the financial interests, assets, liabilities, and other financial information known to the undersigned, to the best of the undersigned's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Date: 3-9-08

THIS FORM IS CONSIDERED DEFICIENT IF ALL BLOCKS ABOVE ARE NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

T A X I S K A T H R Y N L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF DEPUTY PUBLIC DEFENDER  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
CHIEF DEPUTY PUBLIC DEFENDER (LAWYER)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 4-28-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

OFFICE OF VOTER SERVICES  
 MONTGOMERY COUNTY, PA.  
 RECEIVED  
 APR 28 11:57  
 2008

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

TETI NICHOLAS A

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A WHITPAIN TOWNSHIP SUPERVISOR  seeking  hold  held

B BOARD OF ASSESSMENT - 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 WHITPAIN TOWNSHIP

B MONTGOMERY COUNTY

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:

Member - BOARD of Assessment Appeals 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate

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.  (OFFICIAL USE ONLY)

Name: Nick Teti, Inc. Address: 2 Westhampton Way, Lansdale, PA 19386

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: Nick Teti, Inc. Position Held: President

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: Nick Teti, Inc. Interest Held: 100%

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

The undersigned hereby affirms that the foregoing is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. § 4902(a) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

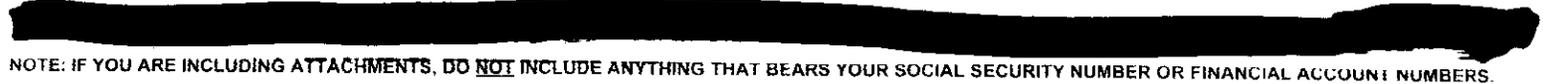
Signature \_\_\_\_\_ Current Date 3-10-08

RECEIVED  
MAR 20 10 39 AM '08  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
THOMAS BRIAN E



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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A RESIDENTIAL ASSESSOR  seeking  hold  held

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 MONTGOMERY COUNTY

OFFICE OF  
VOTER SERVICES  
MONTGOMERY CO PA  
2008 MAR 20 A 10:38 AM  
RECEIVED

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 6 through 15 below represents financial interests for the PRIOR calendar year indicated.

RESIDENTIAL ASSESSOR 007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate
----------	---------------

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	Address	(OFFICIAL USE ONLY)
MONTGOMERY COUNTY BOARD OF ASSESSMENT APPEALS	ONE MONTGOMERY PLAZA STE 301 NORRISTOWN, PA	

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)	Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity	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
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The undersigned hereby affirms that the information provided 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. § 6103 and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Current Date: 3-5-08

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
THOMAS KATHLEEN A

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER

B

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 AUTHORITY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) BANKING

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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 BANK OF AMERICA Address 4 SENTRY PKWY SUITE 300  
BLUE BELL, PA 19422

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

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 BANK OF AMERICA Position Held SENIOR VICE PRESIDENT

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 certifies that the information furnished on this form 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 the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1/10/08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

STATE ETHICS COMMISSION  
OFFICE OF VOTER SERVICES  
MONTGOMERY CO. PA.  
2008 MAY -A  
RECEIVED  
A 10:38  
MAY 13 A 9:27

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

THORNTON THOMAS E JR

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR  seeking  held

B  seeking  held

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor AMERICAN HERITAGE CREDIT UNION Interest Rate 4.99

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name Address COUNTY OF MONTGOMERY COURTHOUSE - NORRISTOWN, PA

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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 provisions of the Public Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 3/5/08

NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

T O E P E L M A R C Y L

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ADMIN DEPUTY RECORDER OF DEEDS

seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Wells Fargo  
Diamond Federal Credit Union

Interest Rate 7.8%  
7%

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 County of Montgomery Address PO Box 311 Norristown PA 19381

11 GIFTS (See instructions on page 2) If NONE, check this box.

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.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity

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 information provided 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. § 6101 and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 1/25/08

OFFICE OF VOTER SERVICES MONTG. CO. PA.  
2008 FEB 20 P 12:18  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

VEREB BERNARDETTE W

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDITOR  seeking  hold  held

B

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

INTERNAL AUDITOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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 Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 2/26/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W A D S W O R T H E L L E N G

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT ADMINISTRATOR

B

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 M O N T G O M E R Y C O U N T Y

B

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.

ASSISTANT ADMINISTRATOR 2008 2009 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor

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 Address

PARKHOUSE 1600 BLACK ROCK ROAD  
BOYERSFORD, PA 19464

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

PARKHOUSE ASSISTANT ADMINISTRATOR

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 to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by (penalties) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 2/27/08

EFFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

**WEATHERS** **ROSEANNE**

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **OFFICE MANAGER**  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, ward, Commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **OFFICE MANAGER**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2007**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

**County of Montgomery** **PO Box 311**  
**NORRISTOWN PA 19404-0311**

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) 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 his knowledge, information and belief; said affirmation being made subject to the penalties of the Public Access and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date **3/5/2008**

ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WEISS FIRST NAME ANN MI T SUFFIX

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CLERK OF COURTS  seeking  hold  held

B   seeking  hold  held

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 MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Clerk of Courts / Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

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 Timoney Knox, LLP Address Ft. Washington, PA

Upper Dublin Township Ft. Washington, PA

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)  Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity  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)  Interest Held

Transferee (Name and Address)  Relationship

Date Transferred

The undersigned hereby affirms that the information provided herein is true and correct to the best of the undersigned's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b).

Signature [Redacted] Current Date 3/25/2008

THIS FORM IS CONSIDERED INVALID IF ANY OF THE ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
W E N T Z F R E D E R I C M

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A S O L I C I T O R  seeking  hold  held  
B

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 M o n t g o m e r y C o u n t y I n d u s t r i a l  
B D e v e l o p m e n t A u t h o r i t y

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:  
Lawyer 2 0 0 7

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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. (OFFICIALS USE ONLY)  
Name Address  
See Attached

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 Position Held  
McGrory Wentz, LLP Partner

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  
McGrory Wentz, LLP, 115 W. Germantown Pike, Suite 100, Norristown, PA 19401 50%

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 certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 4-24-08

IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
OFFICE OF THE  
STATE ETHICS  
COMMISSION  
MAY 13 2 08  
MAY 13 2 08  
A 10:36

STATEMENT OF FINANCIAL INTEREST

Question 10. - Direct or Indirect Sources of Income

FREDERIC M. WENTZ, ESQUIRE

Name

Address

McGrory Wentz, LLP

115 W. Germantown Pike  
Suite 100  
Swede Square  
Norristown, PA 19401

Pennsylvania State Transportation Commission

Commonwealth Keystone Bldg.  
6<sup>th</sup> Floor  
P.O. Box 3633  
Harrisburg, PA 17101-1900

Black Rock Funds  
BP PLC  
Citigroup  
Citizens' Bank  
Conocophillips  
EDS  
EV Balanced Fund  
Wachovia Bank  
General Electric  
Citigroup Smith Barney  
Merrill Lynch Nominee  
Nuveen Ltd Term Mini Fund  
Vanguard Prime MM FD  
Verizon  
Wellington Fund  
Windsor Fund

RECEIVED  
2008 MAY -6 A 10:38  
2008 MAY 13 A 9:28  
STATE ETHICS  
COMMISSION  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
VARAN EVERETT J

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A LMC VOTING BOARD MEMBER  
B WIB 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 NA  
B

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:  
IMA3 - EXECUTIVE DIRECTOR - HCAP 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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.  (OFFICIAL USE ONLY)  
Name: Commonwealth of PA. Address: 1431 New Hope St. G. CO. PA.

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, 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: 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 hereunder certifies that the foregoing is a true and correct statement of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Current Date: 5-19-08  
IF ANY BLOCK ABOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
WHITSON CONNVE R

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A EXECUTIVE DIRECTOR  
B

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 COUNTY  
B

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:  
EXECUTIVE DIRECTOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor

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. (OFFICIAL USE ONLY)  
Name Address  
COUNTY OF MONTGOMERY COURTHOUSE, NORRISTOWN

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA  
2008 APR 9 AM 5:11  
RECEIVED

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity 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) Interest Held  
Transferee (Name and Address) Relationship Date Transferred

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Current Date 4/8/08

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WHITSON CONNIE P

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ADMINISTRATOR  seeking  hold  held

B MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF CHILD DAY CARE

B WORKFORCE INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 13 below represents financial interests for the PRIOR calendar year indicated.

ADMINISTRATOR 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor Interest Rate

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.  (OFFICIAL USE ONLY)

Name Address

COUNTY OF MONTGOMERY COURTHOUSE, PO BOX 311, NORRISTON

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 17 Pa.C.S. § 1109(b) and the Public Official and Employees Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 2/5/2008



STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
WILLIAMS ROBERT L JR

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)  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A MONTG. COUNTY HIGHER EDUCATION  seeking  hold  held  
B AND HEALTH AUTHORITY - 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  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) FUNERAL DIRECTOR  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.   
09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor HARLEYSVILLE NATIONAL BANK  
FUNERAL SERVICE CREDIT UNION  
Interest Rate 5.25%  
OFFICE OF NOTER SERVICE MONTG. CO. PA. RECEIVED APR 18 2007

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 Address  
R.L. Williams, Jr. Funeral Home, Inc. P.O. Box 667, Skippack, Pa.  
Williams - Robery Koffel Funeral Home, Inc. P.O. Box 127, Ransom, Pa.

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity R.L. Williams Jr Funeral Home  
Heritage Coach Company, Inc.  
Position Held President

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 R.L. Williams, Jr, Funeral Home, Inc.  
Heritage Coach Company, Inc.  
Williams - Robery Koffel Funeral Home, Inc.  
Interest Held 100%  
50%  
70%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Relationship Date Transferred  
Transferee (Name and Address)

The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Ethics Act and Employees Ethics Act, 65 Pa.C.S. §1109(b).  
Signature [Redacted] Current Date 1/28/08  
ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WILSON ROBERT J

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A RESIDENTIAL ASSESSOR  seeking  hold  held

B

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 MONTGOMERY COUNTY PA

B

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:

RESIDENTIAL ASSESSOR 2007

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

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. (OFFICIAL USE ONLY)

Name Address

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) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity 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) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 3-5-08

DECLARATION: I AM NOT A CANDIDATE IF ANY BLOCK ABOVE IS NOT COMPLETED.

RECEIVED  
 2008 MAR 20 A 10:39  
 OFFICE OF  
 VOTER SERVICES  
 MONTGOMERY CO. PA.

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
YOST SANDRA A

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone

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) B Nominee C Public Official (Current) D Public Official (Former) E Public Employee (Current) F 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.)
A RESIDENTIAL ASSESSOR
B

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
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Residential Assessor
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2008

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

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: Peckasie Borough Address: Peckasie PA
Name: SELF Employed Attorney & OFAOM Address: N. Wales PA

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift:
Address of Source of Gift:
Circumstances (including description) of Gift:
Value of Gift:

12 TRANSPORTATION, LODGING, 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:
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 to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by... (ities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Signature:
Current Date: 3/19/08

VOID IF ANY BLOCK ABOVE IS NOT COMPLETED.