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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e'a dent ~~	ADCV authority harment	board energiant		
			oncy, addicately, borough,		county, school dis	trict, twp, etc.
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06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The in	formation in blocks 8 th	rough 15 below re	presents financial	Interests for
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is	box. 🔀				
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) if		57			
-	Source (Name and Address)	NONE, check this t	юх. 🔀	Val	ue	
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on page 2) If N	ONE, check this box.	X	••	
	Business Entity		Position Held			
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4	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	e instructions on page	a 2) If NONE check	this box.		
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A Candidate (including write-in) C Public Officia		, <u>, ,</u>		Check this	Check this
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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commis	ssioner, job title, etc.) 🛄 🤢	seeking 🗹	hold	held	
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8	<u>، ليا</u>	seeking	hold	held	·····
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1 montgomery Cou	UNTY	Corr	-ec+	FIDN	a
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08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check	k this box. 🕢				
09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor ATET Universal CarD American Express (Citi) Deneficial Saving				Interest Rate 8-570 8-570 11-97e	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name	l employment, (See instructi Address	ions on pg. 2) ONLY I	F NONE, this block.	(OFFICIAL US	E ONLY)
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	1900 Parklaum]	
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see State		Current Da	ate <u>4-23</u>	09	-
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STATEMENT OF FINANCIAL INTERESTS: 2009 (SUPPLEMENT)

The Oakmark Funds P.O. Box 219558 Kansas City, MO 64121-9558

Janus 720 S. Colorado Blvd Ste 290A Denver, CO 80246-1929

The Charles Schwab Corporation 101 Montgomery Street San Francisco, CA 94104

Vanguard P.O. Box 1110 Valley Forge, PA 19482-1110



COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
01 LAST NAME FIRST NAME MI SUFFIX
BAGLEY LICECTION MI SUFFIX
03 STATUS Check applicable block of 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 filling B Nominee C Public Official (Former) D Public Employee (Former) Image: Check this block if you are amending an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 🛄 seeking
APLANNING COMMISSION-ASST DIREC.
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.)
= MONTGOMERY COUNTY COUNTY COORDING CONTINUES (e.g., dept., agency, automatic or womene (e.g., dept., agency, automatic or womene contraction of the state of
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
ASSISTANT DIRECTOR- PLANNING SUMISSION the PRIOR calendar year indicated: 2008
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box;
NoNE SHA ₹ 0
09 CREDITORS (See instructions on page 2). If NONE, check this box.
FORD CREDIT
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOMET (OFFICIAL USE ONLY) Name Nome Nome
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. Value Source (Name and Address) Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship
Transferee (Name and Address) Date Transferred
The undersigned hereby sector and belief; said affirmation being made subject to the penalties prescrib sector by the sector and belief; said affirmation being made subject to the penalties prescrib
S. Current Date
ANY BLOCK ABOVE IS NOT COMPLETED.

<u> </u>	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10		IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-832-0938
01	LAST NAME		FIRST NAME	MI SUEFIX
	BARTLE		PAUC	<u> </u>
03	STATUS Check applicable block or bloc	ks, more than one block may be marked.	(See Instructions on page 2)	Check this
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking hold	held
A	MEMBERR	EDEVECO	PMENTAU	THORITY
			seeking hold	held
в				
05	GOVERNMENTAL ENTITY In which you are/w	ere an Official, Employee, Candidate or Nom	inee (e.g., dept, agency, authority, borough, board	commission, county, school district two, etc.)
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8				
 06	OCCUPATION OR PROFESSION (This ma	v ha the same as high ()	07 YEAR The information in blocks 8 through	
00	ATTOENEY	y 20 the came as blocking	the <u>PRIOR</u> calendar year indicated:	
08	REAL ESTATE INTERESTS (See instructio	TR op page 2) & NONE check this has	· [~]	
09	CREDITORS (See instructions on page 2). (Name BEYN MAUR TRUST		check this box. 🗌 301 CANCASTER AVE, LGO10	1.590-990
	<u> </u>			
10	DIRECT OR INDIRECT SOURCES OF INCOM	E including (but not limited to) all employm	ent. (See instructions on pg. 2) ONLY IF NONE, check this bloc	
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		<u>^</u>	beerstran, Rr. 19404	
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12	TRANSPORTATION, LODGING, HOSPITA	ITY (See instructions on page 2) If NO	DNE, check this box.	ITT Value
Γ	Source (Name and Address)			
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14	the second se		nstructions on page 2) If NONE, check this	box. [] Interest Hekd
			instructions on page 2) If NONE, check this	hav
5	Business (Name and Address)	- MARLENDIE I ANNET MENDER (300		nox nterest Held tetationship
'he	Transferee (Name and Address) undersigned hereby affirms that the forenoing	oformation in the mand correct to the best		ate Transferred
o thi	e penalties prescribed by 18 Pa.C.		Public Official and Employee Ethics Act, 65 P	a.C.S. §1109(b)
	Signature		Current Date	3/17/2010
			ANY BLOCK ABOVE IS NOT COMPLETED.	

_			E	PLEASE PI	RINT NEATL	Y	REST	-	(71	7) 783-161(STATE ETH	E 1-800-93
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Commonwealth of Pennsylvania State Ethics Commission 309 Finance Building P.O. Box 11470 Harrisburg, PA 17108-1470

Statement of Financial Interests

Addendum

Becker, Nancy J.

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

Name	Address
The Tucker Advisory Group, Inc.	10 Rock Spring Road, Chester Springs, PA 19425
Michael J. Becker (husband)	1798 Meadow Glen Dr., Lansdale, PA 19446
Dividend & interest income from stocks, bonds a	nd other holdings held in account with:
Stifel Nicolaus	1146 S. Cedar Crest Blvd., Allentown, PA 18103
Morgan Stanley	1585 Broadway, New York, NY
AIG	P.O. Box 15648, Amarillo, TX 79105-5648
Rental Income from the following properties:	•
611 Piedmont Court	Lansdale, PA
2310 Lexington Court	Lansdale, PA
211 Brunswick Court	Lansdale, PA
138 Ardwick Court	Lansdale, PA
152 Oberlin Terrace	Lansdale, PA
7704 Ocean Drive	Avalon, NJ
15D 99 th Street	Stone Harbor, NJ

	INANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1810 • TOLL FREE 1-800-932-08:
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09			PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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The undersigned hereby affirm to the penalties prescribed by		he Public Official and Employee Ethics Act, 65	5 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09		IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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The	Transferee (Name and Address) Indersigned hereby affirms that the foregoing		t to the best	of seld person's	knowledge, inf	ormation and	Date Transferred belief; said affirm	nation being made	subject
	penalties prescribed by 18 Pa.C.S. §4904		in and the	Public Official a	and Employee E	thics Act, 65	Pa.C.S. §1109(b)) , _ `	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610+ TOLL FREE 1-800-832-06
01 LAST NAME MI SUFFIX BRDWN DAVID P
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 as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) are amending an original filing a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking Seeking Seeking held A D D I C S I
B TOWNSHOP SUPERVISOR 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.)
· County of Montgomery
· Neu 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:
Deputy Director Field Services 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 (OFFICIAL USE ONLY)
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ven Hanover Townenny Gilber TUNE, Pa
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
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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
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) Date Transferred
The undersigned hereby affirms that the formation being made subject to the penalties prescribed by 18 F ubic Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
Signature Current Date 2-27-09
BLOCK ABOVE IS NOT COMPLETED.

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1810 • TOLL FREE 1-800-932-04
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMM (717) 783-1610 • TOLL FREE 1-800-9	AISSIC 132-09:
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINAN PLEASE PRINT N		PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-0
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to the penalties prescribed	es) and the Public	Official and Employee Ethics Act, 6	5 Pa.C.S. §1109(b).
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Sources of Income

LIFE MANAGEMENT INC 1440 RUSSELL PD PAOLI, PA 19301

PHILMONT GUIDANCE CENTER 727 Weish RD SUITE 202 NHNTINGDON VALLEY, PA 19006

ASTRA ZENERA LP 1800 CONEORD 19/10 WILMINETON, DE 19850

CONTRALIZED PAYMENT SERVICES 150 MEADOWLAND RKINY SECAUCHS, NJ 07094

ADVANCED HEALTH MEDIA, LLC 300 Somerset Corp BLVD BRIDGEWATER, NJ 0880)

COM OF PA SERS 30 N-3RD ST STE 150)TARRISBURG, PA 17101-1716

ETAON MOBIL

FRIENDS OF JIM MHTTHEWS 1504 WALNUT AVE ORELAND , PA 19075 TOM MANION FOR CONGRESS PO BOX 28 DOYLESTOWN, PA 1890/ FRIENDS OF BOD MENSCH Clo LIBA DUEMCER p.o. BOX 225 GREEN LANE, AT 18054 CRAIR WILLIAMS JOR CONFRESS 5035 TOWNSHIP LINE ROAD DREXEL HILL 19026 FRIENDS OF FOM ELLIS 1003 PROSPECT AUE State MELPOSE PA 19027 CHET BRIER FOR AUDITOR GENERAL 331 FRUITVILLE PIKE MANHELM, PA 17545

REZO 07 COMMITTEE PO BOX 58877 PHINA, PA 19102



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MEMBERI BOARD DE DIRECTORS NATIONAL ETALIAN POLITICAL ACTION COMMITTEE

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NATIONAL TRUSTER Some of Italy IN AMERICA

MEMBER, BOARD OF DIRECTORS BENEFIT INSURANCE FUND GRAND LODGE OF PA SONS OF LITALY IN AMERICA

VICE PRESIDENT THE CAMIEL GROUP

PRESIDENT/SOLE PROPRIETOR EDWIN P. CAMIEL, MB

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CAROLYN T. CARLUCCIO

Financial Interests (2008)

10. <u>Direct Income</u>:

Montgomery County, One Montgomery Plaza, Suite 800, Norristown, PA 19401

Dividend and Interest Income:

American Electric Power; Boenning and Scattergood; Citigroup; PNC Bank; Merrill Lynch; Bank of America; Continental Bank; Sears Holding Co., Matthew 25 Fund; Morgan Stanley; Bank of New York; Mellon Corp., J.P. Morgan Chase; Allstate; Harleysville; IBM; Discover; Disney; Boeing; Ford

Interest in Partnerships:

Providence Properties, Valley Forge Properties, Valley Forge Day Care, 422 Properties, Delval Properties, Lehigh Maple, Blue Investments, Montgomery Morgan, and Pottstown Bowling, 910 Germantown Pike, Plymouth Meeting, PA; Ben Franklin, L.P., Blue Bell, PA; Galloway Apartments, L.P., Lansdale, PA; ElC Solutions, Inc., Warminster, PA; Avalon, New Jersey real estate – 50% interest in ownership and rental

13. Directorship / Trustee:

Little Tower Foundation, Treasurer/Director Montgomery County Community College Foundation, Director/Vice-President Montgomery Bar Association, Treasurer Montgomery Bar Foundation, Treasurer Triangle Club of Montgomery County, Director Mission Kids, Director Americans of Italian Heritage Council, Inc., Director/Solicitor Columbus Monument Committee, President Charles J. Tornetta Irrevocable Trust, Trustee Kathleen Tornetta Life Insurance Trust, Trustee Kathleen Tornetta and Joseph Petrone Family Irrevocable Trust, Trustee

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ET (717) 783-1810 • TOLL F	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1810 • TOLL FREE 1-800-832-
01 LAST NAME MI SUFFIX
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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) block if you are amending an original filling as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) block if you are amending an original filling as a solicitor
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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.
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
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated: 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, (OFECIAL USE ONLY) Name Address Check this block. (Check this block. (Chec
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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
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 Addreas) Relationship Date Transferred
The undersigned hereby affine the solution of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY
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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.)
^ MONTGOMERY COUNTY
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05 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
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The Chostnet Hill Bocce Club Board Secretary
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box.
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The undersigned hereb best of said person's knowledge, information and belier, said antimation being made subject to the penalties prescrib bett of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
01/28/09
S Current Date 01/28/09
T IF ANY BLOCK ABOVE IS NOT COMPLETED.

	NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
01 LAST NAME	FIRST NAME	
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MONTGOMERY COUN	TY CONTRO	LLER
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address)	Intere	K. C
Transferee (Name and Address)	Date	onship Fransferred
	t of said person's knowledge, information and belief a Public Official and Employee Ethics Act, 65 Pa.C.	; said affirmation being made subject S. §1109(b).
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	Transferee (Name and Address)	· · · · ·	_	Relationship Date Transfe	
The u to the	indersigned hereby affirms penalties prescribed by 18		knowledge, nd Employer	Information and belief; said e Ethics Act, 65 Pa.C.S. §11	affirmation being made subject
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	Signature		[· · · ·	T COMPLETED.	101

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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS (717) 783-1610 • TOLL FREE 1 (717) 783-1610 • TOLL FREE 1	COMMISSI 1-800-932-01
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		ick if you filing as solicitor
04	4 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	
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05	5 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	PARKHOUSE, NURSING HOME	
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) O7 YEAR The information in blocks 8 through 15 below represents financial inte	
	the PRIOR calendar year indicated:	Hesta for
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09	Creditor American education Services	
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	(County Nursing Home) Royersford, PA 19468	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSN (717) 783-1810 • TOLL FREE 1-800-932-08
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COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/09

STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

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COMMONWEALTH OF PENNSYLVANIA STATE ETHICS COMMISS SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS (212) 783-1610 FOLL FREE 1-800-932 0
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American Heritage Federal Credit Union
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) if NONE, check this box. S 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 Data Transformed
Transferee (Nerve and Address) Date Transferred The undersigned hereby affirms the Address and affirmation being made subject The undersigned nerve and the Address and the Ad
to the penalties prescribed by 18 ficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).
CK ABOVE IS NOT COMPLETED.

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-0
0	1 LAST NAME	FIRST NAME	MI SUFFIX
1	GALLAGHE	RMICHELLE	\overline{m}
03	3 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		Check this block if you are amending an original filing a solicitor
- 04	PUBLIC POSITION OR PUBLIC OFFICE (adm	ninistrator, member, Commissioner, job title, etc.) 🔲 seeking 🔲 hold	held
A			
	F	seeking hold	L_ held
B			
05	GOVERNMENTAL ENTITY in which you are/ware	an Official Employee Candidate or Nominae (o g. dept. esperate outbuilt, house to be	
A		an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, con	nmission, county, school district, twp, etc.)
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.06	OCCUPATION OR PROFESSION (This may be	the same as block 4) 07 YEAR The information in blocks 8 through 15 the PRIOR calendar year indicated:)	
	TAX ASSESSOR		2 6 0 8
08	REAL ESTATE INTERESTS (See Instructions		
		(*) <u>(2</u>	
··			
09	CREDITORS (See Instructions on page 2). If I Creditor	IONE, check this box.	
		25 <u>5</u>	Interest Rate
	·		56
10		cluding (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Address check this block.	(OFFICIAL USE ONLY)
	Montgomery County (clein	ing services) Court House Nore, Pa. 19401	
		- Court 10020 - Court, In- (1907	
11	GIFTS (See instructions on page 2) If NONE,	check this box.	
	Source of Gift		Value of Gift
L	Address of Source of Gift	Circumstances (Including description)	
12	TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)	(See instructions on page 2) if NONE, check this box.	Value
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ا			
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT I Business Entity	NANY BUSINESS (See instructions on page 2) If NONE; check this box.	
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 Heid
15	BUSINESS INTERESTS TRANSFERRED TO IM Business (Name and Address)	MEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box	
	•	Relati	st Hald Ionship
	Transferee (Name and Address) undersigned hereb	est of said person's knowledge. Information and belief	Transferred
to the	e penalties prescri	the Public Official and Employee Ethics Act, 65 Pa.C.	S. §7109(b).
	8	Current Date	1/109
		F ANY BLOCK ABOVE IS NOT COMPLETED.	
		(2)	

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-092
0	1 LAST NAME FIRST NAME MI SUEEDY
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-03	STATOS Oneck applicable block or blocks, more man one block may be marked. (See instructions of page 2)
	A Candidate (Including write-in) C Public Official (Current) D X Public Employee (Current) block if you block if you
	B Nominee C Public Official (Former) D Public Employee (Former) an original filing a solicitor
04	
A	ADMINISTRATOR BH DEVELOPDISAB
	seeking hold held
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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.)
Α	
8	
	GCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
	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 Administrator Behavioral Health/ the <u>PRIOR</u> calendar year indicated:
	Developmental Disabilities
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.
00	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 OFFICIAL USE ONLY)
	Name Address Check this block, the Control of the Strategy of
	····································
11	GIFTS (See instructions on page 2) If NONE, check this box.
r	Source of Gift
L	Address of Source of Gift Circumstances (Including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X Value 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
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
The	Transferee (Name and Address) Date Transferred Undersigned hereby affirms that the formation being made subject
	a penalties prescribed by 18 thorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	5-130/09
	Signature Current Date OI JO O

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09
01	GORDOW	FIRST NAME MICHAEU	
- 03	STATUS Check applicable block or blocks, A Candidate (including write-in B Nominee	more than one block may be marked. (See Instructions on page 2) C Public Official (Current) D Public Employee (Current) C Public Official (Former) D Public Employee (Former)	are filing as
04	PUBLIC POSITION OR PUBLIC OFFICE (ad	ninistrator, member, Commissioner, job title, etc.) seeking I hold	held
A [HIEF OF	ADULT PROBATIO	held
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05	GOVERNMENTAL ENTITY in which you are/war	an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board	, commission, county, school district, twp, etc.)
^ Z	MONTGOME	24 $COUNTY$	
в			
06	OCCUPATION OR PROFESSION (This may	the same as block 4) 07. YEAR The information in blocks 8 through the <u>PRIOR</u> calendar year indicated	
08	REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this box.	Zun Son
			Post - EV
09	CREDITORS (See Instructions on page 2). J Creditor TO YOTH FTMAN PO BOX 9786 CEOPER RAPTEDS	TA = 52409 - 9786	ON DE
10	DIRECT OR INDIRECT SOURCES OF INCOME Name	including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE Address check this blo	ck. (OFFICIAL USE ONLY)
	GIFTS (See instructions on page 2) If NON Source of Gift	, check this box.	Value of Gift
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A	ddress of Source of Gift	Circumstances (including descri	ption) of Gift
	TRANSPORTATION, LODGING, HOSPITAL Source (Name and Address)	TY (See instructions on page 2) If NONE, check this box.	Value
	OFFICE, DIRECTORSHIP OR EMPLOYMEN Business Entity	IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	
	FINANCIAL INTEREST IN ANY LEGAL ENT. Name and Address of Business	I TY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check the	s box.
	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)	IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check the	Interest Held
	Transferee (Name and Address)	the best of said person's knowledge, information and	Relationship Date Transferred bellef: said affirmation being made subject
The u to the	ndersigned here penalties presc	and the Public Official and Employee Ethics Act, 65	
		, INITIO OCHOIDENED DEFICIENT IF <u>ANY</u> BLOCK ABOVE IS NOT COMPLETED).([•] (

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/00 STATE		NANCIAL I	INTEREST	S	PENNSYLVANIA STAT (717) 783-1610 • TO	E ETHICS COMMISS
01 LAST NAME				······································	······································	
O O O C C C	T	FIRST NAME	5		h	SUFFIX
GRABFELDER		MAR	K			
U3 TATUS Check applicable block of blocks, more than one	DIOCK may be marked	. (See Instructions				
	Public Official (Cum		· ·	L	Check this block if you	Check this
. .	Public Official (Form		Public Employee		are amending	block if you are filing as
			Public Employee	e (Former)	an original filing	a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, mem	ber, Commissioner,	ob title, etc.) 🗌 s	eeking [hold	held	
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			OR			
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Empk	oyee, Candidate or No	minee (e.g., dept, age	ency, authority, berow	with board con	amieston equation action	
^ MONTGOMERY		La la la			COURTER SCHOOL	H district, twp, etc.)
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06 OCCUPATION OR PROFESSION (This may be the same as bi	lock 4)	07 YEAR The inf	ormation in blocks	R through 15 b		
Real ESTATE ASSESSOR		the PR	IOR calendar year	indicated:	pelow represents finar	
				ZS	2008	<u><u></u></u>
08 REAL ESTATE INTERESTS (See instructions on page 2) If N	IONE, check this bo	×. 🖌			O H I	}
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09 CREDITORS (See instructions on page 2). If NONE, check th Creditor	ils box. 🔽			CH:) ¹	· · · · · · · · · · · · · · · · · · ·
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not in Name	imited to) all employr	nent. (See Instruction		(بز المر. E AlOAIE		<u> </u>
	Address		check	this block.		ISE ONLY)
AMELIA DAY	<u> </u>	WOODSTR	REAM D	R		
	NORP	ISTOW/		9403		
11 GIFTS (See instructions on page 2) If NONE, check this box.				1.10-2	<u> </u>	
Source of Gift						
				r	Value of Gift	
Address of Source of Gift		1 0	ircumstances (includir	ng description) o	ſGift	┖╍╍╍╌┷╌╌╌╌┛
12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction						
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				L		
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINES Business Entity	SS (See instructions	on page 2) If NO	NE, check this bo	»x.		
Duginaa cirvy			Position Held	_		
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS F Name and Address of Business	OR PROFIT (See i	nstructions on page	2) If NONE, che	ck this box.	TH	
					Interest Held	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMIl Business (Name and Address)	LY MEMBER (See	instructions on page	e 2) If NONE, ch	eck this box.	in	
				Interest		
Transferee (Name and Address)		·····		Relation Date Tri	ansferrari	
The undersigned hereby a to the penalties prescribed		ld person's kno	wiedge, informatio	n and ballef	and officeration had	made subject
		ic originand t	Employee Ethics A	ot, 65 Pa.C.S.	§1109(b).	·
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Sign				2-1		.

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COI (717) 783-1610 • TOLL FREE 1-800	MMISSI(0-932-09
01	LAST NAME	······································	FIRST NAME	MJ SUFFD	x
	GRACIA		DONALD		
03	A Candidate (Including write- B Nominee	n) C Public Official (Curre C Public Official (Curre	ant) D 🔲 Public Employee (Cur	' are amending are fill	f you ng as
04	PUBLIC POSITION OR PUBLIC OFFICE (a	dministrator, member, Commissioner,	job title, etc.)	old heid	
A	P r i s o n B	o a r d l n	<u> </u>	s I I I I I I	7
L				<u>kk</u> kkkkk	
. [seeking i i h	old L_ held	
8					
05	GOVERNMENTAL ENTITY in which you are/we	re an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, b	oard, commission, county, school district, two	, etc.)
A	Montgome	гу Со и п		o n	, ^
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В					
06	OCCUPATION OR PROFESSION (This may	A set of the	07 YEAR The Information In blocks 8 thre	ough 15 below represents financial interest	ts for
	See Other Side / Attach	ed Sheet	the <u>PRIOR</u> calendar year indic	ated: 2 0 0 8	
08	REAL ESTATE INTERESTS (See instruction	s on page 2) If NONE, check this b	ox. 7	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	· · · · ·	·	······································		1
09	CREDITORS (See instructions on page 2). Creditor See Other Side / Attach		~	<	<u> </u>
10	DIRECT OR INDIRECT SOURCES OF INCOM	Fincluding (but not limited to) all employ	ment. (See instructions on po. 2) ONLY IS'N		<u></u>
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	GIFTS (See instructions on page 2) If NON Source of Gift	E, check this box, 👔			
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	address of Source of Gift		Circumstances (including de]
12	ddress of Source of Gift TRANSPORTATION, LODGING, HOSPITALI Source (Name and Address)	TY (See instructions on page 2) If N		······································	
12	TRANSPORTATION, LODGING, HOSPITALI	TY (See instructions on page 2) If it		soription) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALI Source (Name and Address) CFFICE, DIRECTORSHIP OR EMPLOYMEN Business Enlity	TIN ANY BUSINESS (See Instruction	NONE, check this box.	scription) of Gift Value	
12	TRANSPORTATION, LODGING, HOSPITALI Source (Nama and Address) OFFICE, DIRECTORSHIP OR EMPLOYMEN Business Entity See Other Side / Attached Shee	T IN ANY BUSINESS (See instruction	NONE, check this box.	scription) of Gitt	
12	TRANSPORTATION, LODGING, HOSPITALI Source (Name and Address) CFFICE, DIRECTORSHIP OR EMPLOYMEN Business Enlity	T IN ANY BUSINESS (See instruction	NONE, check this box.	scription) of Gitt	
12	TRANSPORTATION, LODGING, HOSPITALI Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT Business Entity See Other Side / Attached Shee FINANCIAL INTEREST IN ANY LEGAL ENTI	T IN ANY BUSINESS (See instruction t t TY IN BUSINESS FOR PROFIT (See	NONE, check this box.	scription) of Gift Value Value e / Atached Sheet this box.	
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	. COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-832-093
01			FIRST NAME	MI SUFFIX
1	GRAF		ROBERT	
- 03	_	s, more than one block may be marked		Check this Check this block if you
·	A L Cendidate (including write-i B Nominee	n) C L Public Official (Curre C Public Official (Form		
04	PUBLIC POSITION OR PUBLIC OFFICE (a	dministrator, member, Commissioner, j	ob title, etc.) 💭 seeking 🚺 hold	🗔 held
A	CHIEFCL	ERK		
	·····		seeking L hold	held
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05	GOVERNMENTAL ENTITY in which you are/we	re an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board	l, commission, county, school district, twp, etc.)
A	MONTGOME	RY COUN	.TF	
в [
1 06	OCCUPATION OR PROFESSION (This may	the the same as black (1)	07 YEAR The information in blocks 8 through	
	COUNTY APMIN		the <u>PRIOR</u> calendar year indicated	
	· · · · · · · · · · · · · · · · · · ·			
08 09	REAL ESTATE INTERESTS (See instruction CREDITORS (See instructions on page 2). Creditor		ox. 156	interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOM Name	E including (but not limited to) all employ Address	ment, (See instructions on pg. 2) ONLY IF NON check this be	
11	GIFTS (See instructions on page 2) If NON	E, check this box.	<u> </u>	
	Source of Gift			
-	Address of Source of Gift		Circumstances (including descri	iption) of Gift
12	TRANSPORTATION, LODGING, HOSPITAL Source (Name and Address)	ITY (See instructions on page 2) If	NONE, check this box.	Value
13	OFFICE, DIRECTORSHIP OR EMPLOYMEN Business Entity	T IN ANY BUSINESS (See Instruction	ns on page 2) If NONE, check this box.	
14	FINANCIAL INTEREST IN ANY LEGAL ENT	ITY IN BUSINESS FOR PROFIT (Se	e instructions on page 2) If NONE, check thi	s box.
	Name and Address of Business			
15	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)	MMEDIATE FAMILY MEMBER (S	e instructions on page 2) If NONE, check th	lis box. Interest Hold Relationship
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The	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address) Transferee (Name and Address) undersigned hereby all a penalties prescribed	D IMMEDIATE FAMILY MEMBER (So	mation and Ics Act, 65	Interest Hold Relationship Date Transferred belief; said affirmation being made subject
The	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address) Transferee (Name and Address) undersigned hereby al		mation and	Interest Hold Relationship Date Transferred bellef; said affirmation being made subject Pa.C.S. § 1109(b). 2 4 0 9

	IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-832-0934
01 LAST NAME	FIRST NAME	MI SUFFIX
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03 STATUS Check applicable block of blocks, more than one block may be marked	(See instructions on page 2)	Chećk this Check this
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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking I hold	held
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	inee (e.g., dept, agency, authority, borough, board, co	ammission, county, school district, twp, etc.)
MONTGOMERY COUN	TV	
B		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 the <u>PRIOR</u> calendar year indicated:	below represents financial interests for
ASST. COUNTY SOLICITOR		2008
08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this bo		haran kanan di manya manja di katanan sakara saya ang P
09 CREDITORS (See instructions on page 2). If NONE, check this box.		Interest Rate
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Creditor 10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not ilmited to) all employr</u> Name <u>Address</u> <u>Addr</u>	check the Plock.	
Creditor 10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not ilmited to) all employment</u> Name <u> JANNEY MONTGOMERY FUND</u> 11 GIFTS (See instructions on page 2) If NONE, check this box.	check the Plock.	
Creditor 10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not ilmited to) all employment</u> Name <u> JANNEY MONTGOMERY FUND</u> 11 GIFTS (See instructions on page 2) If NONE, check this box.	check the Plock.	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS	NNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09
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10. DIRECT OR INDIRECT SOURCES OF INCOME

Merrill Lynch 717 5th Ave 7th 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



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March 9, 2009

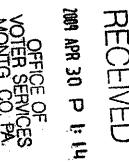
COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STAT (717) 783-1610 • TO	E ETHICS COMMISS LL FREE 1-800-932-0
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STE SOO, JENKINTOWN, PAT	
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to th	e penalties prescribe		i Pa.C.S. §1109(b).
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Addendum to Statement of Financial Interests Stephen G. Heckman

#10. Direct or Indirect Sources of Income (continued)

Patricia A. Zaffarano, Magisterial District Judge -- WIFE District Court 38-1-10 1301 S. Bethlehem Pike Ambler, PA 19002



COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS	COMMISS
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	ENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSA (717) 783-1610 • TOLL FREE 1-800-932-05
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I		HOEFFEL JOSEPH MI SUFFIX
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		B Nominee C Public Official (Former) D Public Employee (Former) an original filing
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	A	COUNTY COMMISSIONER
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	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
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	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 08 O 8
	08	REAL ESTATE INTERESTS (See instructions on page 2) if NONE, check this box.
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04 PUBLIC POSITION OR PUBLIC OFFICE (administr	ator, member, Commissioner,	job title, etc.) 🔲 seeking	hold	heid	
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05. GOVERNMENTAL ENTITY in which you are/were an Of	icial, Employee, Candidate or N	ominee (e.g., dept, agency, autho	rity, borough, board, con	mission, county, school d	strict, twp, etc.)
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06 OCCUPATION OR PROFESSION (This may be the		07 YEAR The information i the <u>PRIOR</u> calen	dar year indicated ()	illow represents financi	al interests for
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09 CREDITORS (See instructions on page 2). If NONE, check this box.
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3	OFFICE, DIRECTORSHIP OR EMPLOYM Business Entity	ENT IN ANY BU	ISINESS (	See inst	ructions o	n page 2)	If NONE	, check osition H		x. 🗶					
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• •	COMMONWEALTH OF PENNSYLVANIA STAT	EMENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSK (717) 783-1610 • TOLL FREE 1-800-932-09
01	LAST NAME	FIRST NAME	MI SUFFIX
01	ACKSON	Beverly	
03		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
	B Nominee C	Public Official (Former)     D     Public Employee (Former)	an original filing
	PUBLIC POSITION OR PUBLIC OFFICE (administrator,	member, Commissioner, job title, etc.)	🛄 held
04		EO/ERP	
A (	DIRECTOR E		
В			
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	000nT	
ß			
06	OCCUPATION OR PROFESSION (This may be the same EED/ERP Officer	e as block 4) 07 YEAR The information in blocks 8 through the <u>PRIOR</u> calendar year indicated	
06	REAL ESTATE INTERESTS (See instructions on page 2	2) If NONE, check this box.	•
- 09	CREDITORS (See instructions on page 2). If NONE, cl Creditor Toyofa Finan Le (Car Luar)		Interest Rate
			5.8%
10	DIRECT OR INDIRECT SOURCES OF INCOME including	(but not limited to) all employment, (See Instructions on pg. 2) ONLY IF NONE check this bio	(OFFICIAL USE ONLY)
10	him -	Address Check this bio	(OFFICIAL USE ONLY)
10	Name		(OFFICIAL USE ONLY)
·	PA National Guard	HQ PA ANG, Anovilk, PA	
10	him -	HQ PA ANG, Anovilk, PA	
·	PA National Guard GIFTS (See instructions on page 2) If NONE, check the	his box. 8	
·	PA National Guard GIFTS (See instructions on page 2) If NONE, check the	Address Check this bio	
11	Name PA National Guard GIFTS (See instructions on page 2) If NONE, check the Source of Gift Address of Source of Gift	Address Check this bio	
·	Name PA National Guard GIFTS (See instructions on page 2) If NONE, check the Source of Gift Address of Source of Gift	Address Check this bio	ok.  (OFFICIAL USE ONLY) Value Icain
11	Name PA National Guard GIFTS (See instructions on page 2) If NONE, check the Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See in	Address Check this bio	
11	Name       PA       National       Guard         GIFTS (See instructions on page 2)       If NONE, check to source of Gift         Address of Source of Gift         TRANSPORTATION, LODGING, HOSPITALITY (See in Source (Name and Address)         Description	Address Check this bio <u>HQ PA ANG</u> Acoulte, PA his box.	
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business	IN BUSINESS FUR PROFIT (See )	nstructions on page 2) If NONE	, check this box.	Interest Hefd	
15 BUSINESS INTERESTS TRANSFERRED TO IM Business (Name and Address)	MEDIATE FAMILY MEMBER (See	instructions on page 2) If NONE	, check this box.		· · · ·
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHIC (717) 783-1610 • TOLL FREE	
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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14	Name and Address of Business
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15	Business (Name and Address)
Th	Transferee (Name and Address) Relationship Date Transferred Date Transferred
	e undersigned hereby anims that the penalties prescribed by 18 Pa. Official and Employee Ethics Act, 65 Pa.C.S. § (109(b).
ļ	Signature Current Date Q4 09
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09		ANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISE (717) 783-1610 • TOLL FREE 1-800-932-(
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COMMENTERALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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A       Candidate (Including write-in)       C       Public Official (Current)       D       Public Employee (Current)       block if you are amending an original filing as a solicitor         B       Nominee       C       Public Official (Former)       D       Public Employee (Current)       block if you are amending an original filing as a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking
^ DIRECTOR DE VETERANS AFFAIRS
B B
05 GOVERNMENTAL ENTITY In which you are/were an Official Employee Condicate as Newlaw (and the
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       M       E       R       Y       C       O       V       T       P       A
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DIRECTOR, VETERANS AFFAIRS
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE) (OFFICIAL USE ONLY)
OPM, RETEREMENT SULS POBOX 45, BOYERS PA. 16017 -
MONTGOMERY COUNTY NORRESTOWN PA 19404
11 GIFTS (See instructions on page 2) If NONE, check this box.
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to the penalties prescribed by 18 and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
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The to t	undersigned hereby affirms that t		ilies) and th	at of said person te Public Official ANY BLOCK A	and Employee I	ent Date	bellef; said affii Pa.C.S. $§1109($ $\frac{2}{9}$	rmation being ma	ade subjet

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## 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
- 6. District Township Special Counsel

## Line 5

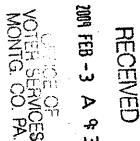
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Mental Health Review Officer for Montgomery County

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



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COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/09

## STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS	S PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1810 • TOLL FREE 1-800-932-4
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8 REAL ESTATE INTERESTS (See Instructions	is on page 2) If NONE, check this box.	
9 CREDITORS (See Instructions on page 2). I Creditor	If NONE, check this box.	
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STATEMENT OF FINANCIAL INTER	ESTS PENNSYLVANIA STATE ETHICS COMMISSE (717) 783-1610 • TOLL FREE 1-800-932-09
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03 STATUS Check applicable block or blocks more than one block	
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority	
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06 OCCUPATION OR PROFESSION (This may be the same as Market)	
07 YEAR The information in t	Nocks 8 through 15 below represents financial Interests for
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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.	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMEN	T OF FINANC	IAL INTERESTS	9 PENNS (71)	SYLVANIA STATE ETHICS COMMISSIOI 7) 763-1610 • TOLL FREE 1-800-932-093
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMM (717) 783-1610 • TOLL FREE 1-800-93	ISS((32-09
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANC PLEASE PRINT NEA		PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1810 • TOLL FREE 1-800-932-09
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISE (717) 783-1610 • TOLL FREE 1-800-932-0
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-092
01 LAST NAME MI SUFFIX
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03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
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B 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
Chief Financial OFFicer
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, (DEFICIAL USE ONLY)
Name Address check this block.
County of Montgomery Onle Montgomery PLAZA Suite 800, Norristown, PA
11 GIFTS (See instructions on page 2) If NONE, check this box.
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X Value Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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Signature Current Date 1/23/09

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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	COMMISSIONER LOWER MORELAND
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-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
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PLEASE PRINT NEATLY PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610+TOLL FREE 1-800-932-0
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^	MONTGOMERY COUNTY
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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:
R≠	al Estate Appraiser 2008
09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not fimited to) all employment. (See Instructions on pg. 2) ONLY IF NONE, check this block. Name Montgomery County 19404 19404 1
11	GIFTS (See instructions on page 2) If NONE, check this box.
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
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.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
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09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor	
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.</u> (See Instructions on pg. 2) ONLY IF NO Name Address	NE, (OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMI (717) 783-1610 • TOLL FREE 1-800-93:
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03	NO STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) B B Nominee C Public Official (Former) D Public Employee (Former) an original filing	Check this block if you are filing as a solicitor
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03 STATUS Check applicable block or blocks A Candidate (Including write-in	, more than one block may be marke) C Public Official (Cur	10 Nor 1	mployee (Current)	Check this Check this block if you block if you are amending are filing as
B Nominee	C Public Official (For	mer) D Public E		an original filing a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (ad	ministrator, member, Commissioner	, job title, etc.) seeking	A hold	held
AMEMBER-BO	OARDOI	FASSE	SSME	M7
		seeking	hold [held
B				
05 GOVERNMENTAL ENTITY in which you are/wer	re an Official, Employee, Candidate or l	Nominee (e.g., dept, agency, auth	ority, borough, board, comm	ssion, county, school district, twp, etc.)
* MONTGOME	Ry Coul	NTY		
B				
06 OCCUPATION OR PROFESSION (This may	be the same as block 4)		In blocks 8 through 15 be ndar year Indicated:	ow represents financial Interests for
BOADMEMBER				2008
08 REAL ESTATE INTERESTS (See instruction	s on page 2) If NONE, check this	ibox.		· · ·
				—
09 CREDITORS (See instructions on page 2). Creditor	If NONE, check this box.	he bank a da a an 6 de 2 de 2 de 2 de 2 de 2 de 2 de 2 de		Interest Rate
	E including (but not limited to) all emp		. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
Creditor 10 DIRECT OR INDIRECT SOURCES OF INCOM	E Including (but not limited to) all emp Addres	¥5	CHOCK THIS DIOCK.	(OFFICIAL USE ONLY)
Creditor 10 DIRECT OR INDIRECT SOURCES OF INCOM	E Including (but not limited to) all emp Addres	WEST hAmp	CHOCK THIS DIOCK.	(OFFICIAL USE ONLY)
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01	LAST NAME	FIR	ST NAME	MI SUFFIX
	THOMAS	B	eli AN	
03	STATUS Check applicable block or blocks, more than	one block may be marked. (See insi		. (B.C.)
	A Candidate (including write-in) C		D 🔏 Public Employee (Current)	Check this block if you are amending
	B I Nominea C [Public Official (Former)	D L Public Employee (Former)	an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (member, Com	missioner, job title, etc.) you are	seeking hold	held
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05	POLITICAL SUBDIVISION/AGENCY in which you are/were a	an Official or Employee, or are a cand	date or nominee (Twp., Boro, Board, Com	mission Dist. Anency Authority
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06	OCCUPATION OR PROFESSION (This may be the same	as block 4) 07	YEAR The information below represents	financial interests for the PRIOR year.
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08	REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box.		
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10	DIRECT OR INDIRECT SOURCES OF INCOME (Including, b Name COUNTY of MONTGON	ut not limited to employment. See instru- Address HERY J.O. BOX		
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	Transferee (Name and Address)		Date	onship Fransferred
The to th	undersigned hereby affirms ti ne penalties prescribed by 18		s knowledge, information and belief; ifficial and Employees Ethics Act, 65 i	said affirmation being made subject Pa.C.S. §1109(b).
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05	GOVERNMENTAL ENTITY in which you are/we	re an Official, Employ	yee, Candidat	e or Nomi	nee (e.g., de	pt, agency	, authority, bo	rough, board,	commission	i, county, school c	istrict, twp. etc.)
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<u>77</u> 08	REAL ESTATE INTERESTS (See instruction)			<u> </u>		 .					
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	03	STATUS Check applicable block or blocks, more than one block may be a start may be
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()5 Г	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, egency, authority, borough, board, commission, county, school district; twp, e
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0	6.	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests the PRIOR calendar year indicated
	A	the <u>PRIOR</u> calendar year indicated:
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		Futon Bank So General
10)	
		Address 300 Har Lotte Lotte block
		County of Montgomery PO Box 311 Norristown PR
		Remax Achievers / 2040 8. High St Pottstownorth
11	1	GIFTS (See instructions on page 2) If NONE, check this box.
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		Idrees of Source of Gift
		Circumstances (including description) of Gift
12		RANSPORTATION, LODGING, HOSPITALITY (See Instructions on page 2) If NONE, check this box. Value
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	<u> </u>	
13		DEFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14	1	AND AND AND A STATE AND A STAT
	1	amé and Address di Edsukese
15		USINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box
	· 6	usiness (Name and Address)
-		Relationship Date Transferred
to	he p	tersigned hareby and the transferred in the knowledge, information and belief; said affirmation being made subject at and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
		$\frac{212109}{212109}$
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	ATEMENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COM (717) 783-1810 • TOLL FREE 1-800-1
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMM (717) 783-1610 • TOLL FREE 1-800-9	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 * TOLL FREE 1-800-932-0936
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MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY

1610 MEDICAL DRIVE SUITE 320 POTTSTOWN, PA 19464

(610) 970-0303 (610) 277-3611 FAX (610) 970-5016

May 1, 2009

Solicitor Douglas B. Breidenbach, Jr., Esq. Administrative Counsel William R. Sasso, Esq.

Voter Services P. O. Box 311 Norristown, PA 19404

James H. Shacklett, III, Chairman

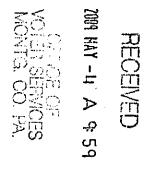
Board Members

Jeffrey Bevington

David M. Buttaro James A. Konnick J. Mark Lankford

William P. Rimel, III

Robert L. Williams, Jr.



RE: Montgomery County Higher Education and Health Authority

Dear Sir/Madam:

Pursuant to the instructions of the Commissioner's Office, I am forwarding to you the original Statements of Financial Interests completed by the Board members of the Authority.

Very truly yours,

elly a heroxonski

Shelly A. Wronowski, Administrative Assistant

SAW/enclosures