STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX MI Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this D Public Employee (Current) Candidate (including write-in) C Public Official (Current) block if you E Check this block are amending if you are filing B Nominee Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Chold held seeking hold held В 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.) 05OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ION REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. NONE CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate 3.9 % BANK DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Z Actoress GIFTS (See instructions on page 2) If NONE, check this box. 11 Source of Gift Circumstances (including description) of Gift W Address of Source of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box Yelue Source (Name and Address) SES OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (N Date Transferred The undersigned id person's knowledge, information and belief; said affirmation being made subject to the penalties p ic Official and Employee Ethics Act, 65 Pa.C.\$. §1109(b). Current Date ANY BLOCK ABOVE IS NOT COMPLETED

STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA

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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 IN	NCOME (Including, but not limited to employment.)
Name	Address
The Tucker Advisory Group, Inc.	10 Rock Spring Road, Chester Springs, PA 19425
Alexander J. Hoinsky, MBA, CPA	4 Your Host Circle, Cinnaminson, NJ
Michael J. Becker (husband)	1798 Meadow Glen Drive, Lansdale, PA 19446
Dividend & interest income from stocks, bonds ar	nd other holdings held in account with:
Stiefel Financial	501 N. Broadway St., St. Louis, MO
AIG	P.O. Box 15648, Amarillo, TX 79105-5648
Rental Income from the following properties:	
611 Piedmont Court	Lansdale, PA 19446
2310 Lexington Court	Lansdale, PA 19446
211 Bruswick Court	Lansdale, PA 19446
138 Ardwick Terrace	Lansdale, PA 19446
152 Obertin Terrace	Lansdale, PA 19446
7704 Ocean Drive	Avalon, NJ 08202
15 D 99 th Street	Stone Harbor, NJ 08247

STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY
1 LAST NAME FIRST NAME MI SUFFIX BRESVAN 505EPH E
NOTE:
03 S1 Greek applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A 5 0 L 1 C 1 7 0 R
B seeking hold held
O5 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.)
AROCKLEDGE, AMBCER BOROUGHS
BMONT CO BOARD OF ELECTIONS
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
Attorney the PRIOR calendar year indicated:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
NONE
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Antiler StL, Office 199 Address Buffer Avo, Antiler interest Rate If ar/eas ville Book. Credit Cine Harbusville 194
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 Bresner + Herder Acties (401e) check this block.
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)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
Name: Actives 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 Juseph E Biesnon d/b/a Bresnen + Iderder 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) Relationship Date Transferred
The undersigned hereby affirms that the fore to the penalties prescribed by 18 Pa.C.S. §4 described by 18 Pa.C.S. §4
SignatureCurrent DateCurrent Date

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX MI BR 02 NO Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) block if you D Nublic Employee (Current) Candidate (including write-in) E Check this block are amending if you are filing Nominee Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking X hold held seeking held hold R 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.) 05 В 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: 0 REHABILITATION SUPERVISOR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY JF NONE, 10 (OFFICIAL USE ONLY) check this block. NAME OFFICE OF NOVATIONAL REHABILITATIONALISE IBIS NEW HOPE STREET DEPT OF LABOR + INDUSTRY NORRISTOWN -111 GIFTS (See instructions on page 2) If NONE, check this box. 出中 Source of Gift Value of X 000ه Circumstances (including description) of Gift U Address of Source of Giff \bigcirc TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 X Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 14 Interest Held 15

Name

Address

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

Interest Held

Business (Name and Address)

Transferee (Name and Address)

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Current Date

Address

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(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-093
01	LAST NAME FIRST NAME MI SUFFIX PAULD
02 —	ADD OTE: IF
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	DEPUTY DIRECTOR PUBLIC SAFETY Seeking X hold held
В	TOWNSHIP 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	COUNTY OF MONTGOMERY
в	NEW HANOVER TOWNSHIP
06	OCCUPATION OR PROFESSION (This may be the same as block 4) PUBLIC SAFETY MANAGEMENT O7 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2009
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address S S Interest Rate
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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	New Havover Township College Gilbertiville, PAO TO TO
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. Value Value
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held
14	Name Address 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) Business (Name and Address) Interest Held Relationship
	Transferred (Name and Address) Undersigned hereby affirm Lis knowledge, information and belief, said affirmation being made subject
to the	e penalties prescribed by and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signatur Current Date Current Date NS BOVE IS NOT COMPLETED.
	- I/O on 4-13-10 (3 of 4) Tracada Barrella Voter

STATEMENT OF FINANCIAL INTERESTS

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O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you block if you
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) E Check this block if you are filing an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
MEMBER-POLICE PENSION BOARD
BMEMBER-WORKFORCE INU BOARN
OS 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.)
*HORSHAM YUWNSHIP, PA
BMONTGOMERY COUNTY, PA
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:
BANKER 2009
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
NONE
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
Name: None Address Address
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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 NOTE: (OFFICIAL USE ONLY) Check this block flat.
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NAME FIRST RUST BANK AND 15 E. KINGE PIKE OF O TO CONShohocken, THE 1548
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. Value
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Business Entity (Name and Addres BANK 15 E. RIBER PIKE, CONShohacken PAGNO Position Held VICE PRESIDE NAME UNDA-COMMUNITY SERVICES INC AND AVE., ABINGTON, PAGNO PRESIDENT BOARD ME.
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
Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregod knowledge, information and belief; said affirmation being made subject
to the penalties prescribed by 18 Pa.C.S. §490
Signature Current Date
(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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01	LAST NAME MI SUFFIX
	$R_{11}+A_{1}$
	DOTTARO DAVIO
	RS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
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^ [BOARD MEMBER
	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.)
A	MONTGOMERY COUNTY HIGHER
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В	EDUCATION & HEUCTH 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
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address Integer Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVE, (OFFICIAL USE ONLY)
	check this block,
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11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
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L	OFFICE DISCOURT OF FAIR OVERFAT IN ANY PURINESS (Consistantial or page 2) If NONE check this hav
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. See instructions on page 2) If NONE, check this box. Position Held
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

TATEMENT OF FINANCIAL INTERESTS (7

01 LAST NAME FIRST NAME MI SUFFIX
CARLUCCIO CAROLYN 7
02 ADDRESS County of Montgomery City Norris Town 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) E Check this block if you are filling as a solicitor as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
^ CHIEF DEPUTY SOLICITOR
Seeking hold held
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 $M \circ N T G \circ M \in R Y C \circ U N T Y$
В
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 DEPUTY SOLICITOR the PRIOR calendar year indicated: 2009
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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CAROLYN T. CARLUCCIO

Financial Interests (2009)

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; PNC Bank; Merrill Lynch; Continential Bank; Harleysville; IBM; Citizens Bank

Interest in Partnerships:

Providence Properties, Valley Forge Properties, Valley Forge Day Care, 422 Properties, Delval Properties, 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; EIC 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, VP Montgomery Bar Foundation, VP 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 O

COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX MI 7 12 Α 7 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) block if you D Public Employee (Current) E Check this block if you are filing A Candidate (including write-in) are amending C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking held seeking В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, continued of the country, U В 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: (OLYMISSIONEY REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

STATEMENT OF FINANCIAL INTERESTS

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

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	dusiness (Name and Address) Interest Held Relationship
The i	ransferee (Name and Address) Date Transferred dersigned hereby affirmation and belief; said affirmation being made subject
	conficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signi Current Date 2/16/10
	BLOCK ABOVE IS NOT COMPLETED.
	(3 of 4)
	IJ DI TI

Attachment to Statement of Financial Interest

Marie N. Cavanaugh

#10 Sources of Income (additional)

Harleysville Savings Bank 271 Main Street, Harleysville, PA 19438

Wachovia Bank 1525 W. W.T. Harris Blvd., Charlotte, NC 28262-8522

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

RECEIVED

2010 FEB 17 A II: 58

OFFICE OF VOTER SERVICES

STATEMENT OF FINANCIAL INTERESTS

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

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The undersigned hereby from the said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribe Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature Current Date Current Date Current Date

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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	undersigned hereby affirms that the penalties prescribed by 18 Pa.C. § 1109(b).
	Signature Current Date 47 Pol 29 2010

SUPREME COURT OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTEREST

Judicial Officers

"All Statements of Financial Interest filed shall be made available for public inspection and copying during regular office hours." In Re: Financial Disclosure and Reporting Requirements for Judicial Officers, No. 47 Jud. Admin. Docket No. 1 (April 13, 1984).

Pa	rt A								
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3			OFFICE ONLY) unty Courthouse P O Box	311				•	
4	City Norristown		State PA	·		Zip Code 19404-03	11		Telephone (OFFICE ONLY) 610-278-3457
5	Judicial Offic	ers							
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12 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: IF NONE, check this box. Z

This form must be SIGNED AND DATED and contain your NAME in order to be accepted.

Information represents disclosure for the prior calendar year 2009.

Signature: Signed Patricia E. Coonahan

Date:

04/27/2010

By Order of the Supreme Court of Pennsylvania, electronic submission of a financial interest statement signifies the individual's intent to sign the document and certifies that the electronic filing is true and correct. In Re: Provisions for Electronic Filing of Statements of Financial Interest, 271 Jud. Admin. Docket No. 1 (March 22, 2005) and 282 Jud. Admin. Docket No. 1 (January 23, 2006).

OFFICE OF VOTER SERVICES VOTER SERVICES

PATRICIA E. COONAHAN

Attschment

09 CREditoRs

3) Chase Card Services (Muited Mileage Plus) P.O. Box 15153 Wilming ton, DE 19886-5153

4) Citi CAPds Pro. Box 189051 Columbus, OH 43218-3051

1.99%; 23,99%

Qlso Attached Copy of Supreme Court if Pennsylvania Statement of Financia / Interest Filed 4/27/10



SEC-1 REV. 01/10	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX IR. N E Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor Nominee C Public Official (Former) D . Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 🔲 seeking M held hold seekina held hold 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.) N В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents find bial interests for the PRIOR calendar year indicated DIRECTOR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 U 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (AFFICIAL USE ONLY) check this block 8 Name: Address SITI GIFTS (See instructions on page 2) If NONE, check this box. $ar{z}$ Source of Gift delue of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 V Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship

The undersigned hereby affirms to the penalties prescribed by 18 ficial and Employee Ethics Act, 65 Pa.C.S. \$1109(b).

Signature

Current Date

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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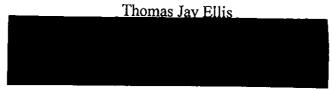
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STATEMENT OF FINANCIAL INTERESTS

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Attachment to Statement of Financial Interests



10. <u>Direct or Indirect Sources of Income</u>

- -- Independence Blue Cross, 1901 Market Street, Philadelphia, PA 19103
- -- Fidelity Cash Reserves, 82 Devonshire Street, Boston, MA 02109
- -- Vanguard Life Strategy Moderate Growth Fund, 455 Devon Park Drive, Wayne, PA 19087

13. Office, Directorship or Employment in Any Business

- -- Ballard Spahr LLP, 1735 Market Street, Philadelphia, PA 19103, Partner (through 10/09)
- -- Duane Morris LLP, 30 South 17th Street, Philadelphia, PA 19103-4196, Special Counsel (from 11/09)

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** MI SUFFIX S **ADDRESS** City Zip Code NORRISTOWN 19404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing R Naminee Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking held 🚽 seeking hold held 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.) 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 INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 🔀 Address

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STATEMENT OF FINANCIAL INTERESTS

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

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX block may be marked. (See instructions on page 2) Check this ___ Candidate (including write-in) C Public Official (Current) D X Public Employee (Current) E L Check this block block if you are amending if you are filing Nominee Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking 04 hold held seeking hold held 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.) 06OCCUPATION 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 INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gif ÇΠ 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) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) 484-680-0524 Name Fitting Appraisaus Attess 1278 Route 113, Blooming FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Heid 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 affirms the son's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 F ial and Employee Ethics Act, 65 Pa.C.S. §1109(b)

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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(717) 783-1610 • TOLL FREE 1-800-932-0936

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 **PLEASE PRINT NEATLY** 01 LAST NAME **FIRST NAME** SUFFIX G 0 S T Ε R 02 NO Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D X Public Employee (Current) block if you E L Check this block are amending if you are filing Nominee Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Ω4 hold seekina held seeking hold 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.) R 0 U N В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Administrator Behavioral Health/ the PRIOR calendar year indicated Developmental Disabilities REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 4 II 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Address -:-S DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. K Address 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 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 (Name and Address) Position Held Address 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 Busines Interest Held 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature SIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS



Q 10 Direct or Indirect Sources of Income

Township of Lower Merion 75 East Lancaster Avenue, Ardmore Pa. 19027

Gordon & Ashworth, P.C., One Belmont Avenue, Suite 703, Bala Cynwyd, PA 19004

Kates Gordon Partnership, 1010 Melrose Avenue, Elkins Pak, PA 19027

Coroner of Montgomery, 1430 Dekalb Street, Norristown Pa 19404-0311

Q 13 Office Directorship or Employment / Position held

Township of Lower Merion 75 East Lancaster Avenue, Ardmore Pa. 19027

Township Commissioner

Gordon & Ashworth, P.C., One Belmont Avenue, Suite 703, Bala Cynwyd, PA 19004
President

Kates Gordon Partnership, 1010 Melrose Avenue, Elkins Pak, PA 19027

Partner

Coroner of Montgomery, 1430 Dekalb Street, Norristown Pa 19404-0311

Solicitor to the Coroner

City Ave District, 1 Belmont Ave, 3rd floor, Bala Cynwyd, PA 19004

Ex. Officio Board Member



STATEMENT OF FINANCIAL INTERESTS

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

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"INOUTGOMERY 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
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STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01	LAST NAME		FIRST NAM	E			Mi	SUFFIX
	GRABFELDER		MAR	K			14	
02	ADDRESS	City		:	State Zip	Code P	Area Code	Phone
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				seeking	hold		held	
В								
05	GOVERNMENTAL ENTITY in which you are/were an Official, Emp	loyee, Candidate or N	ominee (e.g., dept, a	gency, authority, l	borough, board	commission	n, 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 ble	ocks 8 through	15 below re	epresents financ	cial interests for
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STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
	GRACIA DONALD J
	Phone
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) B Public Employee (Former)
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking I hold held
Α	Prison Board of Inspectors
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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	M o n t g o m e r y C o u n t y P r i o n
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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
	See Other Side / Attached Sheet
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	See Other Side Attached Sheet
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: See Other Side Attached Sheet Address 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.
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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 interest Held
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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) Relationship Date Transferred
	undersigned hereby affirms the penalties prescribed by 18 P public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
,	4-74-7010
	Signature Current Date

Statement of Financial Interests For year 2009 Back page

Donald J. Gracia

Block 06 Occupation or Profession

(Realtor) Real Estate Sales Agent
Developer of Self Storage Facilities
Owner/Member Partner - Providence Self Storage
Other Misc. part time positions (see below)

Block 09 Creditors

GMAC

Vehicle Loan 2008 GMC 0% Interest Rate

Continental Bank

Business Loan For Gracia Development, LLC - Loan Interest Rate Based on Prime Rate

Block 10 Sources of Income

Premier real Estate Group Inc. 700 W. Germantown Pike East Norriton, PA 19403

Klein Bus Service, Inc. 1336 Ben Franklin Hwy East P.O. Box 246 Douglasville, PA 19518

East Norriton Township (Supervisors Salary)
East Norriton, PA 19401

PROVIDENCE SELF STORAGE, LLC PROVIDENCE SLEF STORAGE (Business Entity Name) 595 Hollow Road Phoenixville, PA 19460

Block 13 Office Director or Employment in any Business

Gracia Development, LLC

Member/Partner (Partnership with Spouse both 50% each)

Providence Self Storage, LLC

Member/Partner (Partnership with Spouse both 50% each)

Providence Self Storage

Partner (Business Entity with Spouse both 50% each)

Block 14 Financial Interest in any legal entity in business for profit

Gracia Development, LLC.

Member/Partner (Partnership with Spouse both 50% each)

Providence Self Storage, LLC

Member/Partner (Partnership with Spouse both 50% each)

Providence Self Storage

Partner (Business Entity with Spouse both 50% each)

STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

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NOTE:
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor as an original filing
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^ SUPERVISOR REAL ESTATE DIV
seeking hold held
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 CNTY COURT HOUSE
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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
SUPERVISOR-REAL ESTATE DIVISION the PRIOR calendar year indicated: 2009
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
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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)
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STATEMENT OF FINANCIAL INTERESTS

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B Nominee C Public Official (Former) D Po	if you are filing an original filing an original filing
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YE.	AR The information in blocks 8 through 15 below represents financial interests for
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	ESTOWN, PA. 19403 VICE PRESIDENT
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction	
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Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby affirms t	person's knowledge, information and belief; said affirmation being made subject
to the penalties prescribed by 18	c Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)
Signature	Current Date
IF ANY BI	LOCK ABOVE IS NOT COMPLETED.
(3 of 4)	

Doug Hager Financial Statement

10. TD Ameritrade also for Doug and Gail Hager joint investment account and Doug Hager IRA 4075 Sorrento Valley San Diego, CA 91212
Piedmont Office Realty Trust, Inc. P.O. Box 55211
Boston, MA 02205-5211
Inland Western Retail Real Estate Trust, Inc. 2901 Butterfield Rd. Oak Brook, IL 60523
AIM Investments Doug Hager Roth IRA P.O. Box 4257 Houston, TX 77210-4257
Fidelity Investments Institutional Operations, Inc. for Doug Hager 401K, 82
Devonshire St, Boston, MA. 02109



STATEMENT OF FINANCIAL INTERESTS

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PLEASE PRINT NEATLY

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(3 of 4)

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

April 13, 2010

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PLEASE PRINT NEATLY

01	HANES		PIRST NAME				SUFFIX
02	ADDRESS	City		State	Zip Code	Area Code F	Phone
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STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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02 ADDR	
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03 STA	Chack this
A Candidate (including write-in) C Public Official (Current)	Public Employee (Current) F Check this block if you
B Nominee C Public Official (Former)	D Public Employee (Former) if you are filing are amending an original filing
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	r Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME ML SUFFIX
ψ.	HENDRICKSON ALICE MI SUFFIX
02	ADDRESS P.O. BOX 311 NORDISTOWN State Zip Code PA 19404
NO.	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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US	Check this
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	CHIEF DEPUTY CLERK OF COURTS
в	VACANCY BOARD Seeking X hold held
05 A	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.) WONTGOMERY COUNTY
в	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
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	ficial and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
	SignatureCurrent Date
	CK ABOVE IS NOT COMPLETED.

(3 of 4)

COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY FIRST NAME 01 LAST NAME MI SUFFIX Zip Code **ADDRESS** State City NORRISTOWN 404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E Check this block if you are filing D Public Employee (Current) C Public Official (Current) A ___ Candidate (including write-in) are amending C Public Official (Former) Public Employee (Former) as a solicitor an original filing held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking seeking hold В 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.) 05 ۵ 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: ASSESSMENT ANALYST REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address 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) Address Po Box 3/1 NATION MONTGOMERY COUNTY BOA NORRISTOWN PA 19404-0311 GIFTS (See instructions on page 2) If NONE, check this box. Varue of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift ψĒ TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) (J) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. X Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred rson's knowledge, information and belief; said affirmation being made subject The undersigned hereby affirms that the foregoing information is true icial and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescribed by 18 Current Date Signature

K ABOVE IS NOT COMPLETED

STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY
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BPENNSYLVANIA	
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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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to)	all employment. (See instructions on pg. 2) ONLY IF WONE, Check this block (OFF CIAU USE ONLY)
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11 GIFTS (See instructions on page 2) If NONE, check this box.	2
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3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See Business Entity (Name and Address)	instructions on page 2) If NONE, check this box.
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4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRO Name and Address of Business	FFT (See instructions on page 2) If NONE, check this box.
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5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEME Business (Name and Address)	BER (See instructions on page 2) If NONE, check this box.
Transferee (Name and Address)	Relationship
he undersigned hereby affirms that the the penalties prescribed by 18 Pa.C.s	the best of said person's knowledge, information and belief, said affirmation being made subject and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
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	ENT IF ANY BLOCK ABOVE IS NOT COMPLETED. (3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

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	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor. B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor.
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A	CORONER MONTGOMERY COUNTY PA
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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.)
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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
	PHYSICIAN-FORENSIC PATHOLOGIST the PRIOR calendar year indicated: 2099
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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STATEMENT OF FINANCIAL INTERESTS

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

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	Transferee (Name and Address)	Relationship Date Transferred
	The undersigned hereby affirms to the state of said person's know	vledge, information and belief; said affirmation being made subject mployee Ethics Act, 65 Pa.C.S. § 1109(b).
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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01	LAST NAME		FIRST NAME	MI SUFFIX
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02 /2: /	ADDRESS ANNING COMMISSION, COURT HOUSE, I	City P.A. BOX311, NOA	State Zip Cod PRISTONN, PA 19404	
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	undersigned hereby affirms that the foregoing information is t	rue and correct to the bes	st of said person's knowledge, information and belie	f; said affirmation being made subject
to the	e penalties prescribed by 18 Pa	d th	e Public Official and Employee Ethics Act, 65 Pa.C	.S. § 1109(b). 24 / 10
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STATEMENT OF FINANCIAL INTERESTS

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

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01	LAST NAME		FIRST NAME		MI SUFFIX
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05	GOVERNMENTAL ENTITY in which you are/were an Offi	cial, Employee, Candidate or No	minee (e.g., dept, agency, au	thority, borough, board, commission,	county, school district, twp, etc.)
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	undersigned hereby affirms that the foregoing informative penalties prescribed by 18 P	0.0.10.10.10.10.10.10.10.10.10.10.10.10.		edge, information and belief; said a ployee Ethics Act, 65 Pa.C.S. §110	
	Signature _		/12/10	_ Current Date	
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME** FIRST NAME **SUFFIX** ck applicable block or blocks, more than one block may be marked. C Public Official (Current) A __ Candidate (including write-in) D Public Employee (Current) Check this block if you are filing В Nominee C Public Official (Former) Public Employee (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held hold

Check this block if you are amending an original filing seeking held hold 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.) 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 E co Nomic the PRIOR calendar year indicated: 0 こくたし ロトロンイン REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. DIRECT OR INDIRECT SOURCES OF INCOME gling (but not limited to) all employment. (See instruc ONLY IF NONE, (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Silve of Gift Source of Giff D Address of Source of Gift Circumstances (including despription) at Giff S O Value U TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address) α 420 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms information and belief; said affirmation being made subject to the penalties prescribed by 18 Ethics Act, 65 Pa.C.Ş. §1109(b)

> ent Date COMPLETED

Signature

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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	LAST NAME FIRST NAME MI SUFFIX	(
	JAFFE ROBERT M	
02	ADDRESS City State Zig Code	
V.	ONE MONTGOMENY PLANA NORMSTON PA 19404	
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(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME MI SUFFIX
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03	STATUS Check applicable block or blocks, more than one block may be marked. (See marked to be paged)
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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:
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
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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 Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
13	Business (Name and Address) Interest Held Relationship
₹6.	Transferee (Name and Address) Date Transferred Undersigned hereby affirms that the foregoing information being made subject The best of said person's knowledge, information and belief, said affirmation being made subject
	undersigned nereby affirms that the foredalin indicates the penalties prescribed and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Sig Current Date May 2010
	CIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FIRST NAME МІ SUFFIX 02 **ADDRESS** 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. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) Public Official (Current) D Public Employee (Current) Check this B | Nominee block if you Check this block C Public Official (Former) if you are filing as a solicitor are amending PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) an original filing H hold held _ seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Norninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 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 INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 interior to Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVE (OFFICIAL USE ONLY) SLLY EMPLOYED GIFTS (See instructions on page 2) Source of Giff Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. LNV55TIGATION INC Actives HARLS FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Transferee (Name and Address) Relationship The undersigned hereby affirms that the foreg Date Transferred to the penalties prescribed by 18 Pa.C.S. §4 son's knowledge, information and belief, said affirmation being made subject t of said o ial and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature Current Date BOVE IS NOT COMPLETED.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME** FIRST NAME SUFFIX Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A L Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing block if you B Nominee C Public Official (Former) D Public Employee (Former) are amending as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ___ seeking hold held seeking hold held В 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.) OCCUPATION OR PROFESSION (This may be the same as block 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. Oil 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address ഗ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) Norristown, PA19404-03 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Business Entity (Name and Address) Position Held Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirm 's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by and Employee Ethics Act, 65 Pa.C.S. §1109(b) Signatur _ Current Date . ABOVE IS NOT COMPLETED. (3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10	STATEMENT OF FIN	VANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSIN (717) 783-1610 • TOLL FREE 1-800-932-09
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STATEMENT OF FINANCIAL INTERESTS

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	SEC-1 REV. 01/10	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
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Relationship Transferee (Name and Address) Date Transferred

The undersigned hereby affirms that the foregoing information said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa blic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

> Signature _ Current Date <u>VAV 13, 2010</u> BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX 02 **ADDRESS** NORRISTOWN. Zip Code NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIA 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A L. Check this Candidate (including write-in) Public Official (Current) D Public Employee (Current) block if you Check this block В Nominee Public Official (Former) if you are filing are amending Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ___ seeking 📐 hold held seeking hold held 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.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name SOVERIGN BANK (LINE-OF-CREDIT Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) NATTE COUNTY OF MUNTGOMERY Address P. O. BOX 311, NORMISTOWN, PA. CATERIAL BY - DESIGN 110 E. HECTUR STREET GIFTS (See instructions on page 2) If NONE, check this box. Address of Source of Gift Circumstances (including TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) CES OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Position Held Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) interest Held Transferee (Name and Address) Relationship Date Transferred The undersigned hereby affirms that the t 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. es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature Current Date EFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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SEC-1 REV. 01/10 STATEMENT OF FI	NANCIAL INTERESTS PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-08
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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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The undersigned hereby affirms that the foregoing information is true and correct to the best to the penalties prescribed by 1	st of said person's knowledge, information and belief; said affirmation being made subject e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
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(3 of 4)

_	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10	STATEMENT OF FI	NANCIAL INT	ERESTS	PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09
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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

Mental Health Review Officer for Montgomery County

Line 9

PNC Credit – No Balance Interest Rate: Variable

Jaguar Credit - Balance: \$15,000.00

P.O. Box 542000 Omaha, NE 68154

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

Line 13

Name: Hamburg, Rubin, Mullin, Maxwell & Lupin

Address: 375 Morris Rd., P.O. Box 1479

Lansdale, PA 19446

Position

Held: Director

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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

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	A Candidate (including write-in) C Public Official (Current)	D Public Employee (Current) E Check this block block if you	
	B Nominee C Public Official (Former)	D Public Employee (Former) if you are filing are amending as a solicitor an original file	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking X hold held	
A	Controller		
,		seeking hold held	
В			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp,	etc.)
Α	montgomery coun		
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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
	Businessowner/Controller	the PRIOR calendar year indicated: 2009	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is	ox. M	
	CREDITORS (See instructions on page 2). Creditor (Name and Address) Marrix Address	Interest Rate	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	ment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)	
	Norman Stanley Smith Barney Address	100 Front St. West Conshibeken PA	
	Norgan Stanley Smith Barney Address Oppenheimer & Co. 125	Broad St. New York Al 4	
11	GIFTS (See instructions on page 2) If NONE, check this box.		
Γ	Source of Gift	≥ S S value JG	-
Ĺ	Address of Source of Gift		j
	Address of Source of City	Circumstances (including generation) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box.	
]
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	os on page 2) If NONE check this how	<u> </u>
	Business Entity (Name and Address)	Position Held	
	Name Address Address		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	1 Interest Held	
	DM & A Insurancy Agency 753 Joh BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ns Ln., Ambler, PA 19002 Owner 100%	ا ت
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (So Business (Name and Address)	e instructions on page 2) If NONE, check this box.	
	Transferee (Name and Address)	Relationship Date Transferred	
	undersigned hereby affirm the beautiful and the	st of said person's knowledge, information and belief; said affirmation being made subje ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	ect
	Signatur	Current Date april 14, 2010	
		ANY BLOCK ABOVE IS NOT COMPLETED	

STATEMENT OF FINANCIAL INTERESTS

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

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کھی	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	
	MONTGOMEN COUNTY
	seeking hold held
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.)
Α	
В	
06	
	DIRECTUR, HUMAN RESOURCES the PRIOR calendar year indicated: 2009
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	NONE
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. TREVOSE, PA 1905 B Name VISA - TRUMARK FINANCIAL CREDIATION / 1000 NORTHBROOK DR 8.24 %
	MASTERCARD - CHASE DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (SPFICIAL USE ONLY)
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OPFICIAL USE ONLY)
	Name ASTM INTERNATIONAL AND BARR HARBOR DRIVE
	WIDENER UNIVERSITY - ONE UNIVERSITY PLAZA - CHESTER, PA 190131
11	GIFTS (See instructions on page 2) If NONE, check this box.
	Source of Gift Value of Gift
	NONE
	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
	Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) ASTM INTERNATIONAL Position Held
	Name DIRECTOR, HUMAN RESOURCES ACCES 100 BARR HARBUR DRIVE, W. CONSHOPENCEN 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 NONE
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Heid
	Transferee (Name and Address) Relationship Date Transferred
	e 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 and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	11-19 2510
	Signature Current Date
	A BOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERESTS

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

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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A [IST DEPUTY REGISTER OF WILLS
i	1811 DEPUTY REGIPTER OF WILLS
_	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.)
A	
. [MONTBOMERY COUNTY
в	
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). Creditor (Name and Address) If NONE, check this box. Address Interest Rate
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: MONIGOHERY COONIY Address NORRISTOWN, PA
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
Γ	
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	Address of Source of Gift Circumstances (including the Child of Gift Circumstances)
12	
-	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
	Name: Actives
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 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
	undersigned hereby affirms that the feature of the best of said person's knowledge, information and belief; said affirmation being made subject
to th	e penalties prescribed by 18 Pa
	Signature Current Date
	DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.
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STATEMENT OF FINANCIAL INTERESTS

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

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	if you are filing	amending original filing
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A COUNTY OF MONTG	OMBRY	
BWORKFORCE INVES	TMENT BOAZD	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below represents finance	ial interests for
DIRECTOR OF POLICY	the PRIOR calendar year indicated: 2 0 0 9	<u> </u>
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed	yment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL U	SE ONLY)
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	NORKIS JOWN PAZINGOUS	
11 GIFTS (See instructions on page 2) If NONE, check this box.	Z T Value of Gift	
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box.	
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	Position Held	
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ee instructions on page 2) If NONE, check this box.	
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Transferee (Name and Address) The undersigned hereby affirms that the	Date Transferred st of said person's knowledge, information and belief, said affirmation bein	g made subject
to the penalties prescribed by 18 Pa	he Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	
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Signature ≔	Current Date	_

STATEMENT OF FINANCIAL INTERESTS

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PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 SEC-1 REV. 01/10 PLEASE PRINT NEATLY SUFFIX **FIRST NAME** 01 LAST NAME C V 50 Check this Check this block if you are filing block if you D Public Employee (Current) C Public Official (Current) A | Candidate (including write-in) are amending an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B Nominee 🔀 hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) OR seeking hold 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.) O 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) 06 the PRIOR calendar year indicated: 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 NONG CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address 183 Main St Name Harleys ville Nat 6.9990 Harleysville Pa DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, 104 N York RY Hertners hip will have been LLP check this block that Duffy North Wilson Romas & Matters 104 N York RO Duffy North Abstract Colne (all 3) Hatbarro Pe 1901 (OFFICIAL USE ONLY) Deffy North Abstract Colne GIFTS (See instructions on page 2) If NONE, check this box. Circumstances (including description Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Business Entity (Name and Address) Secretary - Duffy North Abstract Coluc ACTIONS 164 N YORK Rel Heatborn Pa 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
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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** Мι SUFFIX HRO G CIAL ACCOUNT NUMBERS check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing Nominee D Public Employee (Former) Public Official (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking - Thold held seeking hold held m 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.) 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 the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. None CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Arthess Ð DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (Official USE ONLY) check this block GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Giff Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ਙ_{Value} Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this pox. 13 Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signatu Current Date ORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED

COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

SEC-1 REV 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX 0 C Н С R Α Η E R L Ε R 02 **ADDRESS** City NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this C XX Public Official (Current) Candidate (including write-in) D Public Employee (Current) block if you Check this block are amending if you are filing В Nominee Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking XX hold held Μ m b е r seeking hold held 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.) M O n o m o u n В D С m n t o r p r a t O n 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 Member 2 n REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. XX Interest Rate Name Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOTE. #EFFICIAL USE ONLY) HAMBURG RUBIN MULLIN MAXWELL & LUPIN check this block P.O. Box 1479 375 Morris Road Address Lansdale, PA 19446 \Box O Vanguard Investment GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.XX Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) 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 ic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 **PLEASE PRINT NEATLY** 01 LAST NAME FIRST NAME MI SUFFIX DEARS TOUR SUCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block if you are filing are amending В Nominee C Public Official (Former) Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold ... seeking held seeking hold held 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.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name Address 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IE NONE, IAL USE ONLY) check this block Address GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift w \mathbf{r} Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Name: Address 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) 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 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 109(b). Signature Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED

STATEMENT OF FINANCIAL INTERESTS

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Bonnie L. O'Kane

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Philadelphia Board of Pensions & Retirement Two Penn Center 20th Floor Philadelphia, PA 19102

ICMA-RC

777 North Capitol Street NE Washington DC 20002-4240

PFCU

12800 Townsend Road Philadelphia, PA 19154-1003

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX MI CARO EWS KI 02 TO MOTING UDE AN THING THAT BEARS YOUR SOCIAL SECURITY NUMBER OF FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) Public Employee (Current) Check this block if you are filing are amending C Public Official (Former) Nominee Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking X hold held N held seeking i j hold 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.) 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 INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address 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) check this block. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 弘 ∨وپو∨ Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held 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 foregoing edge, information and belief; said affirmation being made subject to the penalties prescribed by ployee Ethics Act, 65 Pa.C.S. §1109(b). Signatur Current Date ENT IF ANY BLOCK ABOVE IS NOT COMPLETED

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Name: CISCOS BAR & GRILL

Attress FLOURTOUN, PA 19031 (OFFICIAL USE ONLY) UBS FINANCIAL SERVICES, 1735 MARKET ST. PHILA PAR GIFTS (See instructions on page 2) If NONE, check this box. Source of Giff Circumstances (including description) of Gift Address of Source of Giff TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Reid BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) CISCO'S BAR & BULL, 1538 BEHARMEN K FLOORTOWY Interest Held 100 Transferee (Name and Address) SANTRA OLSZEWSKI 1538 BEHRENEN PA 19031 Relationship Date Transferred The undersigned hereby affirms that t information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C e Ethics Act, 65 Pa.C.S. §1109(b) Signature Y BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME MI SUFFIX ARRETT 02 NO Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) Jublic Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held В 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.) В 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 INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) Source of Gift Address of Source of Giff Circumstances (including de 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Name: Address 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms ation is tru est of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 1 he Public Official and Employee Ethics Act, 65 Pa.C/S. §1 109(b). 2010 Signature IF ANY BLOCK ABOVE IS NOT COMPLETED

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV, 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA

SEC-1 REV. 01/10 STATEWIE	PLEASE PRINT	NCIAL INTERE	:515	(717) 783-1610	TOLL FREE 1-800-9
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** Μſ SUFFIX P OR TN E \mathbf{R} R VE Check this A Candidate (including write-in) C X Public Official (Current) D ___ Public Employee (Current) block if you E ___ Check this block are amending if you are filing B Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) L seeking X hold heid seeking heid 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.) 05 0 R 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: PARTNER/ PRIVATE LICENSED SCHOOL 0 0 9 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 8230 Old York Rd. Name Cheltenham Township Elkins Park, Pa. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including (es) ription) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position He 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 Elkins Park, Pa Professional Healthcare Institute/1333W.Cheltenham 25% BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) The undersigned hereby affirms receipe 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 rial and Employee Ethics Act, 65 Pa.C.S. §1109(b) Signature CK ABOVE IS NOT COMPLETED.

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COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTER

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX MI ADD NOTE: IF applicable block or blocks, more than one block may be marked. (See instructions on page 2) 03 Check this A Candidate (including write-in) C Public Official (Current) block if you D Public Employee (Current) Check this block are amending if you are filing B | Nominee C Public Official (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking Nold hold held seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate of Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В 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: 0 ٥ 5505501 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name Address 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) Jojo Trivia Enlepperses LLC GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) 12 if NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instrations on page 2) If NONE, check this box. Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held 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 est of said person's knowledge, information and belief; said affirmation being made subject The undersigned hereby affirm to the penalties prescribed by 1 the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signatur _ Current Date _ IF ANY BLOCK ABOVE IS NOT COMPLETED.

(3 of 4)

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

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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

_	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932
01	LAST NAME SANDLER KARZN WDR
8 1 -10	
_	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) as a solicitor Slock if you are filing an original filing
04 A	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
В	seeking hold held
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05 A	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. WORKFORCE INVESTINE NO BOARD
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) Of YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2009
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	Name: Name: Attress 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 Penn State University-AB Actiess/bas Washland Rd Abinston Pt (900)
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
The	Transferee (Name and Address) Page 17 Transferred (Name and Address) Relationship Date Transferred Relationship Date Transferred 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 th	the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature 2 Current Date 5-2-/C

COMMONWEALTH OF PENNSYLVANIA

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_	SANDO MICHAEL	
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	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor	an original filing
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Α	MONTGOMERY COUNTY	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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11			struction	s on pa	ge 2)	If NO	ONE, o	check	this ł	oox.	X	Acto	iess			nstruc	tions o		cne					,			
11		of Gift		s on pa	ge 2)	If NO	ONE, o	heck	this t	oox.	X	Ado	itess			nstruc		mstance				ption)	of Gift	6	lue of Gift		
11	Source of	f Gift Source	of Gift														Circu	mstance					of Gift		lue of Gift	PR	
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12	Address of TRANS Source (I	F Source PORT/Name ar	of Gift	ODGIN	G, HO	SPITA	ALITY	(See	instru	uctions	s on p	age 2)) If N			 	Circus box.	mstance	es (inc	luding	descr		of Gift	Value	Jue of Gift	RECEIVED	
12	Address of TRANS Source (I	F Source PORT/Name ar	of Gift ATION, L d Address	ODGIN	G, HO	SPITA	ALITY	(See	instru	uctions	s on p	age 2)) If N			 	Circus box.	mstance	es (inc	luding	descr		of Gift	Value	lue of Gift	RECEIVED	
12	Address of TRANS Source (I	FORT/Name ar	of Gift ATION, L d Addres: CTORSI	ODGIN) HIP OR and Addre	G, HO	SPITA	ALITY ENT IN	(See	instru BUS	ines	s on p	age 2)) If N	s on	page	ck this	Circus s box.	mstance	es (inc	luding some	descri		of Gift	Value	Don' Held	RECEIVED	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 RÉV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME MI SUFFIX
	SCHAJBLE	ELLEN
02	ADDRESS City	State Zip Code Area Code Phone
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TI	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be mark	Check this
	A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	r, job title, etc.) seeking hold held
Α	SENIOR PROJECT	MAN AGEN
<u>,</u> [seeking hold held
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.)
Α	COUNTY OF MONTO	BOMERY
в		
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
	SENTION PROJECT MANAGER	the PRIOR calendar year indicated:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box.
09		NE, check this box.
	Name: Acthese	NE PER PER PER PER PER PER PER PER PER PE
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employees	oyment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Actives	check this block () O
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	0
ſ		Val @ of Gift
-	Address of Source of Gift	Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	f NONE, check this box. Value
Γ	Source (Name and Address)	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruct	ions on cage 2). If NONE shock this hav
	Business Entity (Name and Address)	Position Held
14	Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S	ee instructions on page 2) If NONE, check this box.
	Name and Address of Business	Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	See instructions on page 2) If NONE, check this box.
	Transferee (Name and Address)	Relationship Date Transferred
The to the	undersigned hereby affirms that the foregoing information is true and correct to the se penalties prescribed by 18 Pa.C.S. \$4904 (unsworn falsification to authorities) and	best of said person's knowledge, information and belief; said affirmation being made subject of the Public Official and Employee Ethics Act, 65 Pa.C. \$. \$11,09(b).
	Signature	Current Date 47/2010

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

01	LAST NAME	FIRST NAME		MI SUFFIX
	SCHAIBLE	RANDAL	- 4	K
	ADROCO			
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NO	IOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURI	TY NUMBER OR FINANCIAL	ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be market	d. (See instructions on page 2)	*	Check this
	A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	D Public Employee (Current) D Public Employee (Former)	E Check this block if you are filing as a solicitor	block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking	hold held	
A 2	BOARD MEMBER		E-0	
<u>.</u> [seeking	hold held	
P (CHIEF FINANCIAL	OFFIC	ERLL	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, agency, authority, bo	orough, board, commission, coun	ty, school district, twp, etc.)
^ <u>/</u>	WASTE AUTH EAST	MONTG	OMERY	CTY
В	COUNTY OF MONTO	OMERY		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in bloc the PRIOR calendar ye	cks 8 through 15 below represe	nts financial interests for
≤ 1	LIEF FINANCIAL OFFICER	,	201	9
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box. 🔀		
			^_	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.	<u> </u>	J)
	Name: Address	~		st Rae
			<u>νως</u> ν	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo		eck this/block →	FICIAL USE ONLY)
	NATTE COUNTY OF MONTGOMERY ALTHOU	ONE MONTgomer	y PLAZA D	m
	Suite	800 NORRISTOW	N. PA 19404 6	\Box
11	GIFTS (See instructions on page 2) If NONE, check this box.		 	
Γ	Source of Gift		Valu	e of Gift
L	Attach (San Joseph)			
	Address of Source of Gift	Circumstances (in	cluding description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address)	NONE, check this box.	Value	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructi	ons on page 2) If NONE, check thi	s box. 🔀	<u> </u>
	Business Entity (Name and Address)		Position	n Held
	Name: Actives Actives			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	ee instructions on page 2) If NONE	W_B	st Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	See instructions on page 2) If NONI	E, check this box.	
	Transferee (Name and Address)	=	Relationship Date Transferred	
	e undersigned hereby affirms that the foresting information in the penalties prescribed by 18 Pa.C.S.	of said person's knowledge, infor the Public Official and Employee Eth	rmation and belief; said affirma	tion being made subject
		Tobilo Official and Employee Etr	1/20/1	0
	Signature		nt Date // AU/	<u></u>
	THIS FORM IS CONSIDERED DEFICIENT	IF <u>ANY</u> BLUCK ABOVE IS NOT CO	JIVIPLETED.	

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX S C D M I D H P P P P P P P P P P P P P P P P P P
	State Zin Gode Area Code Phone
NO	TE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OF FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Check this block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	
Ļ.	seeking hold held
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	WORKFORCE Investment BOORD
Ĺ	
В	
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 circitons
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address OO 5
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) check this block.
	Name: Activess O
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. 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 (Name and Address) Position Held
	Name: Address
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
0	Thost Towns of America 155 forms up that field. De 19440 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) Relationship Date Transferred
	undersigned hereby and the left said affirmation being made subject so penalties prescribed by subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person's knowledge, information and belief; said affirmation being made subject so penalties prescribed by the best of said person belief; said affirmation being made subject so penalties prescribed by the best of said person belief; said affirmation being made subject so penalties prescribed by the best of said person belief.
	Signature Current Date 52110
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

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

01	LAST NAME FIRST NAME MI SUFFIX S C H N E I D E R E L E A N O R G										
	1 NOT THE TOU AND INCIDENTS DO NOT INCIDE ANYTHING THAMBLARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.										
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor Check this block if you are amending as a solicitor										
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held										
Α	DIRECTOR HUMAN RESOURCES										
в	seekingholdheld										
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										
в											
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										
]	Director Human Resources the PRIOR calendar year indicated: 2009										
80	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.										
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Interest Rate										
	Name Ford Credit, Pittsburgh, DA 0% Access AMEX Newark NJ 15,24 Discour NC 27,99 AATT Universal Columbus OH 24,99 FIA, Wilmandon, Del 27,99										
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 County of Montgomery Autress POBOY 3.11 Norristown, PA 18404										
	Lower Noreland Tup 640 Ral Lion Rd Hant Valley, PA 19006										
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 Astroid of Gift 2)										
12	TRANSPORTATION, LODGING, HOSPITALITY (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. Business Entity (Name and Address)										
	Name: Address Address										
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. Interest Heid Relationship										
The	Transferee (Name and Address) Date Transferred 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 th	e penalties prescribed by 18 Pa.C.S. \$4904 (unsworn falsification and authorities) and the state of the state										
	Signat THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.										

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

01	LAST NAME FIRST NAME MI SUFFIX											
	SCHUDA FRANCES E											
N(OTE: 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)											
	Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you											
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing											
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held											
Α	4 S S 1 S T 4 N T A D H 1 N D. O. N.											
	seeking hold held											
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	PARKHOUSE, PROVIDENCE POINTE.											
В [
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:											
	RN 2009											
08	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.											
_												
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: NONE Address Address											
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOWE, OFFICIAL LISE ONLY)											
	ARCHER & SPEINEL, ESQ PHILA, PA.											
11	GIFTS (See instructions on page 2) If NONE, check this box.											
Γ	Source of Gift											
Ĺ	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)											
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)											
	Name: Actives											
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 Transferee (Name and Address) Date Transferred											
The to 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 e penalties prescribed by 18 Pa.C.S. §4904 (unsworp falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).											
W U H	3/18/11											
	Signature Current Date											

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME	MI SUFFIX
SHACKLETT	J A M E S	H. III
NOTE: IF YOU'ARE INCOURS ALTACRMENTS: DO NOT INCOUDE AN OTHING THAT	BEAKS OUN SUCIAL SECONT FROM DEN ON FINANC	HEROGODIA THOMBENS:
03 STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)	Check this
F-7	Public Employee (Current) E Check this blo	block if you
B Nominee C Public Official (Former) D	Public Employee (Former) if you are filing as a solicitor	an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	bb title, etc.) seeking X hold h	eld
A B O A R D M E M B E R		
	seeking hold h	eld
В		
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commission,	county, school district, twp, etc.)
A MONTGOMERYCTY HIGG	H E R ED & H E A L	T H AUTH.
В		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below re	presents financial interests for
Chief Executive Officer	the <u>PRIOR</u> calendar year indicated:	0 9
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be		
	· · ·	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	, check this box. X	
Name: Address		Interest Rate
40 DIDECT OF INDIFFE OF INCOME IN THE PARTY OF THE PARTY	mont (Cos instructions on pg 2) ANI V IF NAMES	CONTROL OF STREET
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	check this block. A Rd., Lafayette Hill, PA 1944	FOFFICH DUSE ONLY)
National Label Company 2025 Joshu Delaware Valley Reg. Finance Authority	ia N., Harayette IIIII, En 1941	OEI 9 26
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE, check this box.	<u> </u>
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	e instructions on page 2) If NONE, check this box.	
National Label Co., 2025 Joshua Rd., Lafayet		Interest Held 19.23%
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se		· · · ·
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Signature	Current Date 4/22	2010
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Line 14 Financial Interest Page -2-James H. Shacklett, III

Bel Air Aviation, LLC 100% 956 Charlotte Street, Pottstown, PA

Shacklett Consulting, LLC 50% 2025 Joshua Road Lafayette Hill, PA 19444

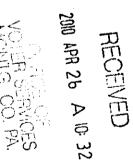
Shacklett Realty LP 9.51% 2025 Joshua Road Lafayette Hill, PA 19444

Shacklett Realty LLC 33.33% 2025 Joshua Road Lafayette Hill, PA 19444

1128 Realty Investments GPO LLC 50%511 Germantown PikeLafayette Hill, PA 19444

1128 Realty Investments GP LP 49.50%511 Germantown PikeLafayette Hill, PA 19444

Eagle Machine 50% 2025 Joshua Road Lafayette Hill, PA 19444



COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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To: Dorra 3/10/10

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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) E Check this block if you are filling	Check this block if you are amending an original filing
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	Signature Current Date	10
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY	7) 783-1610 • TOLL FREE 1-800-932
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX m AM 02 ADDR NOTE: IF Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block block if you B | Nominee Public Official (Former) if you are filing are amending Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ___ seeking hold held S seeking hold held В 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.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) OF 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: み 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name **Address** GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including d TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) D OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held ഗ Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. \$4904 (unsworp telestication to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).

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

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1,800-933 0936

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME Μı SUFFIX 02 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this Candidate (including write-in) C Public Official (Current) Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor Nominee Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held 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.) 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: フィハノとノ REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Name: Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block Address 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) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Business Entity (Name and Address) Position Held

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Transferee (Name and Address)

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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 P Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature

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

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME TRETTON M! SUFFIX SAMUEL NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block if you are filing as a solicitor 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 hold seeking hold held 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.) 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 \boldsymbol{z} REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVE 17 E ONLY) check this block NAMES C. STRETTON Address 301 S HIGH ST. 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Name SELF HELP MOVEMENT, INC. ACCESS NE PHILA BOARD FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest Held Relationship Transferee (Name and Address) 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 18 Pa.C.S. §490 Employee Ethics Act, 65 Pa.C.S. §1109(b) Signature **Current Date**

CREDITORS

151

3M 6 M 19171799 650 650	PERCENTAGE RATE
AT & T UNIVERSAL CARD PO BOX 6500 SIOUX FALLS, SD 57117	29.9%
STAPLES	
CITIBANK ND	20.8%
AMERICAN EXPRESS	
PO BOX 1270 NEWARK, NJ 07101	12.24%
PITNEY BOWES	
PURCHASE POWER	
PO BOX 856042 LOUISVILLE, KY 40285	22%

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VOTER SERVICES

COMMON SEC-1 RE	WEALTH OF PENNSYLVANIA V. 01/10		OF FINANCIAL IN	TERESTS	PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932-
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PENNSYLVANIA STATE ETHICS COMMISSION

	PLEASE PRINT NEATLY	7 703-1010 • TOCL FREE 1-800-932-0
01	LAST NAME FIRST NAME	MI SUFFIX
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02	ADDRESS City State Zip Code	Area Code Phone
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	~
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	p penalties prescribed by N	09(b).
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800 933 0036

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

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02	02 ADDRESS City State Zip Code Area Cod	le Phone
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME МΙ SUFFIX City State Zip Code OURT HOUSE NORRISTOWN クチロ NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA 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) E Check this block if you are filing are amending B Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking hold held seeking hold В 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.) 05 В 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: 455E550R REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate ALLESS 2060 RED LION RD. NAME AMERICAN HERITAGE FCU DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) MONTGOMERY NOWSE COURTHOUSE NORRISTOWN, PA. 19401 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift

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(3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFIX Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block block if you Nominee if you are filing are amending Public Official (Former) Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking held В 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.) 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 INTERESTS (See instructions on page 2) if NONE, check this box 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Þ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OPACIAL USE ONLY) check this block. GIFTS (See in try 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) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the nowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C. d Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature Current Date

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/10 PLEASE PRINT NEATLY 01 MI SUFFIX 02 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you C Public Official (Current) Candidate (including write-in) D Public Employee (Current) Check this block are amending if you are filing Public Employee (Former) an original filing Public Official (Former) Nominee as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking N hold heid seeking hold held 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.) 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 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address T DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OPFICIAL USE ONLY) Address Name GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including description) of Gift Address of Source of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoin formation and belief; said affirmation being made subject Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescribed by 18 Pa.C.S. §4904 ent Date 🤚 Signature BLOCK ABOVE IS NOT COMPLETED

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

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