

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A B I D I U A N - L U P O J E R E M Y C

02 ADDRESS City State Zip Code

PO Box 311 NORRISTOWN PA 19404

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

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  Check this block if you are amending an original filing

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY, PA

B

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

ASSISTANT DISTRICT ATTORNEY 2010

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: DIRECT LOANS Address: U.S. DEPARTMENT OF EDUCATION PO Box 5609, Greenville TX 75403 Interest Rate: 6.375%

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

Name: MONTGOMERY COUNTY, PA Address: PO Box 311 NORRISTOWN, PA 19404

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name Address Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 4/27/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

AHLBRANDT RONALD H

02 ADDRESS City State Zip Code

MONTGOMERY COUNTY COURTHOUSE, NORRISTOWN, PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A DIRECTOR - PARKS/HERITAGE SERVICES  seeking  hold  held

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

A

B

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

DIRECTOR

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

2010 010

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: Nissan Motor Acceptance Corp Address: P.O. Box 660360 DALLAS, TEXAS 75266-0360

INTEREST RATE 0%

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: IRON MOUNTAIN Address: MALVERN, PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Sign: [Redacted] Enter Current Date: 3/9/14

THIS FORM IS CONSIDERED COMPLETE. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A I T C H I S O N J O H N W

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404

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

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

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

A ASSISTANT DISTRICT ATTORNEY

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

A MONTGOMERY COUNTY, PA

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

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Name: Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in 42 Pa.C.S. § 1904 (unsworn false statements) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Sign: Enter Current Date March 14, 2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ALBERT JEFFREY B

02 Address [REDACTED]

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

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

A ASSISTANT DEPUTY SOLICITOR

B [REDACTED]

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

A COUNTY OF MONTGOMERY

B [REDACTED]

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

Attorney 2010

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:

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

Name: Jeffrey B. Albert Address: 48 Oakwood Dr, Dresher PA 19025

Solo Practitioner

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Same as 10, above 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

Same as 10, above

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [REDACTED] Enter Current Date: 3/28/11



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **ALGARIN** FIRST NAME **Julio** MI **M** SUFFIX

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A **WARDEN**

B

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

A **Montgomery County Correc FAC**

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: **AT&T Universal Credit Card** Address: **P.O. Box 182564, Columbus, OH** Interest Rate **12.**

**Citi-American Express** **15.9**

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

Name: Address:

(OFFICIAL USE ONLY)

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

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: Address:

Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

RECEIVED  
 2011 APR 28 P 2:45  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA

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

Enter Current Date **4-27-2011**

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ALLEN PATRICIA L



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A ASSISTANT DIRECTOR  seeking  hold  held

B  seeking  hold  held

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

A MONTGOMERY COUNTY

B VOTER SERVICES

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: AMERICAN HERITAGE FCU Address:

Interest Rate: 6% APR 28

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

Name: Address:

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

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: 03

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Name: Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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Enter Current Date 4-29-2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ANTONACIO MARK

02 ADDRESS City State Zip Code

P.O. BOX 311 NORRISTOWN PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A ASSISTANT DISTRICT ATTORNEY

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

A MONTGOMERY COUNTY, PA

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

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: STUDENT LOANS AUTO LOAN - FORD CREDIT Address: Interest Rate 3.083% 7.99%

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

Name: MONTGOMERY COUNTY, PA Address: P.O. BOX 311 NORRISTOWN, PA 19404311

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name Address Position Held

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

Name and Address of Business Interest Held

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

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

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Signature: [Redacted] Enter Current Date: 3.20.11

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **BAGLEY** FIRST NAME **LEO** MI **D** SUFFIX

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A  seeking  hold  held

B  seeking  hold  held

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

A **MONTGOMERY CO PLANNING COMM**

B **MONTGOMERY CO TRANSPORTATION AUTH**

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: **CITIZENS BANK** Address: **PROVIDENCE, RI** Interest Rate: **2.5%**

**FORD CREDIT** Address: **DETROIT MI** Interest Rate: **2.4%**

**CHASE** Address: **WILMINGTON, DE**

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

Name: Address:

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address) Name: **Suburban Transit Inc** Address: **Blue Bell, PA** Position Held: **SEC/TREAS.**

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

Name and Address of Business: Interest Held:

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

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

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Signature: [Redacted] Enter Current Date: **3/17/11**

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BARBER CATHERINE M

02 ADDRESS

P.O. Box 311 Norristown PA 19404

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

A ASSISTANT DISTRICT ATTORNEY

seeking  hold  held

B

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

A MONTGOMERY COUNTY, PA

B

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

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Direct Loans Servicing Address: P.O. Box 5609 Greenville, TX 75403 Interest Rate: 6.5%

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

Name: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: Address: Position Held

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

Name and Address of Business Interest Held

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

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

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Signature: [Redacted] Enter Current Date: 4/26/11

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BARTLE PAUL B MR

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

A MEMBER REDEVELOPMENT AUTHORITY

B

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

A MONTGOMERY COUNTY

B

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

ATTORNEY 2010

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: BRYN MAWR TRUST CO. Address: 801 LANCASTER AVE. 19010

VISA Interest Rate: 7.5% - 9%

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

Name: HIGH SWARTZ, LLP Address: 40 EAST AIRY STREET NORRISTOWN, PA.

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3/9/2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEAN JASON C

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

A INTERNAL AUDITOR

B

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

A COUNTY OF MONTGOMERY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate:

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

Name: Address: (OFFICIAL USE ONLY)

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Name: Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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

Signature: [Redacted] Enter Current Date: 11/11

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

RECEIVED  
 2011 APR 15 P 2:45  
 OFFICE OF  
 VOTES SERVICE  
 MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BECKER MICHAEL J

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A RAMC BOARD MEMBER SECRETARY

B  seeking  hold  held

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

A

B

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

MANAGING DIRECTOR NMA (OAKS PA)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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

Name: SEE ATTACHED Address:

ADDENDUM

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: CENTURY SECURITIES Address: ST. LOUIS MO

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by Title 61, Chapter 101 (relating to falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 2-15-11

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



**Statement of Financial Interests**

**Michael J. Becker**

**Prior Year: 2010**

**Addendum:**

**10: Direct or Indirect Sources of Income:**

**Rental Properties:**

2310 Lexington Court, Lansdale, PA

611 Piedmont Court, Lansdale, PA

2 11 Brunswick Court, Lansdale, PA

152 Oberlin Tr., Lansdale, PA

128 Ardwick Tr., Lansdale, PA

7704 Ocean Dr., Avalon NJ

15 99<sup>th</sup> Street, Stone Harbor, NJ

RECEIVED

2011 FEB 18 A 9 45

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BECKER NANCY J

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) B  Nominee  
C  Public Official (Current) C  Public Official (Former)  
D  Public Employee (Current) D  Public Employee (Former)  
E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) RECORDER OF DEEDS  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: GMAC TRU MARK FINANCIAL  
Address: LOUISVILLE, KY 40290 P.O. Box 9001952 1000 N. BROOK DR., TRENTON, PA 19102  
Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)  
Name: MONTGOMERY COUNTY  
Address: P.O. Box 311, NORRISTOWN, PA 19404  
SEE ATTACHED ADDENDUM

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  
OFFICE OF VOTER SERVICES MONTG. CO. PA. RECEIVED 2011 MAR -1 P 3 16

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: THE TUCKER ADVISORY GROUP, LLC Address: 10 ROCK SPRING RD. CHESTER SPINGS, PA  
Position Held: SR. PROJECT MGR.

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business  
Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address)  
Transferee (Name and Address)  
Interest Held Relationship Date Transferred

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

Sign: [Redacted] Enter Current Date: 3/1/2011

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

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

Statement of Financial Interests

Addendum

Becker, Nancy J.

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

Name	Address
<u>The Tucker Advisory Group, Inc.</u>	<u>10 Rock Spring Road, Chester Springs, PA 19425</u>
<u>Alexander J. Hoinsky, MBA, CPA</u>	<u>4 Your Host Circle, Cinnaminson, NJ</u>
<u>Michael J. Becker (husband)</u>	<u>1798 Meadow Glen Dr., Lansdale, PA 19446</u>

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

<u>Stifel Nicolaus &amp; Co., Inc.</u>	<u>501 N. Broadway, St. Louis, MO 63102</u>
<u>AIG</u>	<u>P.O. Box 15648, Amarillo, TX 79105-5648</u>

Rental Income from the following properties:

<u>611 Piedmont Court</u>	<u>Lansdale, PA 19446</u>
<u>2310 Lexington Court</u>	<u>Lansdale, PA 19446</u>
<u>211 Brunswick Court</u>	<u>Lansdale, PA 19446</u>
<u>138 Ardwick Court</u>	<u>Lansdale, PA 19446</u>
<u>152 Oberlin Terrace</u>	<u>Lansdale, PA 19446</u>
<u>7704 Ocean Drive</u>	<u>Avalon, NJ</u>
<u>15D 99<sup>th</sup> Street</u>	<u>Stone Harbor, NJ</u>

RECEIVED  
2011 MAR - 1 P 3 16  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

13. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

<u>North Penn YMCA</u>	<u>2506 N. Broad St., Colmar, PA 18915</u>
------------------------	--

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEVINGTON JEFFREY T

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

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  Check this block if you are amending an original filing

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

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

A BOARD MEMBER  seeking  hold  held

B  seeking  hold  held

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

A MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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:

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 12-30-10

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: B I R K E L B A C H

FIRST NAME: G E R A L D

MI: J SUFFIX: JR

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

03 STATUS:  Candidate (including write-in)  Nominee  Public Official (Current)  Public Official (Former)  Public Employee (Current)  Public Employee (Former)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

A EXECUTIVE DIRECTOR

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

A COUNTY OF MONTGOMERY

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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.

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

Name: *County of Montgomery* Address: *1430 DeKalb St. Norristown, PA*

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

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

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

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

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

Business Entity (Name and Address): \_\_\_\_\_ Position Held: \_\_\_\_\_

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

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Enter Current Date: *4-17-11*

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Boehret Justin J

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

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

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Merck Shape + Dohue Federal Credit Union Address: 333 South Broad St Lansdale, Pa 19446 Interest Rate: 8.00%

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

Name: Montgomery County, PA Address: PO Box 311 Norristown, PA 19404

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

2011 APR 29 P 2:21 RECEIVED

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: Address:

Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 4/6/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BRESNAN JOSEPH E

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.

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  Check this block if you are amending an original filing

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

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

A  seeking  hold  held

B  seeking  hold  held

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

A AMBLER BOROUGH, ROCKLEDGE BURG

B MONTCO ELECTION BD

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Ambler S+L Address: Butler Pike, Ambler PA Interest Rate: 5.9

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

Name: Joseph E Bresnan d/b/c Bresnan + Herder Address: 311 Lindenwald Ave, Ambler PA

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

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

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

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

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

Business Entity (Name and Address): \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

Name and Address of Business: \_\_\_\_\_ Interest Held: Owner

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

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

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

Signature: \_\_\_\_\_ Enter Current Date: 2-10-11

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

NOTICE: SERVICES OF THE STATE ETHICS COMMISSION RECEIVED FEB 14 10 18 AM '11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BROOKS WALCIS W

02 ADDRESS City State Zip Code  
P.O. Box 311 NORRISTOWN PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY PA

B

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

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: CAROLAN (CITIZENS) Address: P.O. Box 42002 Providence RI Interest Rate 5.74

CHASE MASTER CARD P.O. Box 15153 Wilmington DE 19860 13.24

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

Name: Montgomery County PA Address: P.O. Box 311 NORRISTOWN, PA

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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: LAUREL HOUSE Address: NORRISTOWN PA

Position Held: MEMBER BOARD OF DIRECTORS

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

Rental Property 117 E. 11th Ave, COUSHOCKEN PA

Interest Held: 1/2 tenants in common with my son

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 4/13/11

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BROWN DAVID A

02 ADDRESS

[REDACTED]

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 filing as a solicitor  Check this block if you are amending an original filing

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

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

A DEPUTY DIRECTOR PUBLIC SAFETY  seeking  hold  held

B TOWNSHIP SUPERVISOR  seeking  hold  held

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

A COUNTY OF MONTGOMERY

B NEW HANOVER TOWNSHIP

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

Public Safety Management

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

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

Name: County of Montgomery Courthouse - Norristown, Pa  
New Hanover Township Gilbertsville, Pa  
Montgomery County Community College Blue Bell, Pa

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

Source of Gift: Value of Gift

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

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

Source (Name and Address): Value

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

Business Entity (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

Name and Address of Business: Interest Held

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

Business (Name and Address): Interest Held Relationship Date Transferred

Transferee (Name and Address):

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

Signature: [REDACTED] Enter Current Date: 5-13-11

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

I/O 5-13-11 (3 of 4) Joseph Passarelli - Water Commission

RECEIVED  
MAY 16 2 19  
VOTER SERVICES  
MONTGOMERY COUNTY PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BROWN SCOTT



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 filing as a solicitor

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

Check this block if you are amending an original filing

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

A MONTGOMERY COUNTY TRANSPORTATION AUTHORITY  seeking  held

B COMMISSIONER  seeking  held

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

A MONTGOMERY COUNTY

B HATFIELD TOWNSHIP

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.

Public School Employees Retirement System  
Hatfield Township  
PO Box 125 Harrisburg  
1950 School Rd Hatfield

RECEIVED  
 APR 19 4 10 59  
 OFFICE OF THE  
 VOTER SERVICE  
 MONTGOMERY COUNTY

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

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

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

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

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

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

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

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

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

Date Transferred \_\_\_\_\_

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

Signature: \_\_\_\_\_ Enter Current Date: 4/15/2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B U N N S T E V E N W

02 ADDRESS City State Zip Code

P.O. Box 311 Harrisburg PA 17104

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 filing as a solicitor  Check this block if you are amending an original filing

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY, PA

B

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

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Access Group Address: P.O. Box 7450  
Wilmington, DE 19803 Interest Rate: 1.875

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

Name: Montgomery County, PA Address: P.O. Box 311  
Harrisburg, PA 17104-0311 (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

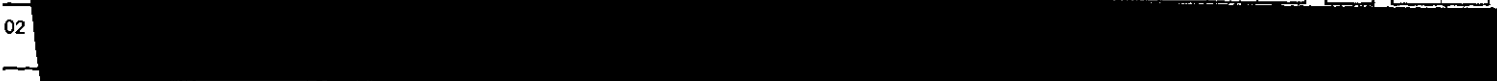
Signature: [Redacted] Enter Current Date: 4/8/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **BUTTARO** FIRST NAME **DAVID** MI **M** SUFFIX



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

A **BOARD MEMBER**

B

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

A **MONTGOMERY COUNTY HIGHER**

B **EDUCATION & HEALTH AUTHORITY**

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

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.

Name: 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.  (OFFICIAL USE ONLY)

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

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

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

Signature Enter Current Date **12-29-10**

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME BYRNES FIRST NAME JOSEPH MI A SUFFIX

02 ADDRESS [REDACTED]

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 filing as a solicitor  Check this block if you are amending an original filing

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

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

A PRISON BOARD MEMBER  seeking  hold  held

B

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

A MONTG CO PRISON BOARD

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate:

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

Name: BORO OF NORRISTOWN Police Pension Address: 235 G ARMY ST Norristown PA

Name: West Norristown Twp Address: 1630 W. MARSHALL ST Norristown PA

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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

[REDACTED SIGNATURE] Enter Current Date 5-1-11

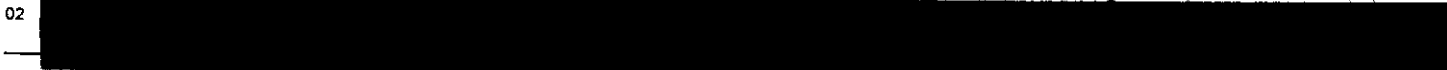
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A MEMBER ~~EX~~

B

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

A MONT CO PRISON BOARD

B

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

PHYSICIAN 2010

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: 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: LIFE COUNSELING SERVICES PHILMONT GUIDANCE CENTER

Address: 1448 RUSSELL RD PHILMONT PA 19151 767 WELSH RD HUNTINGDON VALLEY PA 19132

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Position Held:

Name: EDWIN P. CAMIEL, MD Address: 624 HAZELHURST RD MEDION, PA: Site PROPRIETOR

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

Name and Address of Business: Interest Held:

EDWIN P. CAMIEL, MD Site PROPRIETOR

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

Business (Name and Address): Interest Held: Relationship: Date Transferred:

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by law (including, but not limited to, the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)).

Signature

Enter Current Date

5/12/11

THIS F

BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#10 ASTRAZENECA PHARMACEUTICALS - WILMINGTON DELAWARE

LILLY INC - INDIANAPOLIS, INDIANA

WYETH PHARMACEUTICALS - PENNSYLVANIA

BRISTOL MYERS SQUIBB

624 HAZELHURST RD, MERION, PA — RENT

#13. THE CAMEL GROUP — VICE PRESIDENT

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE - DIRECTOR

#14 THE CAMEL GROUP

RECEIVED

2011 MAY 13 A 10:26

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME CASTOR FIRST NAME BRUCE MI L SUFFIX JR

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A COMMISSIONER  seeking  hold  held

B  seeking  hold  held

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

A MONTGOMERY COUNTY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_

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

Name: Montgomery County Address: Car House Montgomer PA

Edith Greenleaf 925 Harvest Dr. Blue Bell, PA

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

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

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

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

Business Entity (Name and Address) \_\_\_\_\_ Position Held PA

Name: Edith Greenleaf Address: 925 Harvest Dr. Blue Bell Shareholder

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

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

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

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

Transferee (Name) \_\_\_\_\_ Relationship \_\_\_\_\_

The undersigned hereby certifies that the information on this form is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Date Transferred \_\_\_\_\_

Signature: \_\_\_\_\_

THIS \_\_\_\_\_

Enter Current Date 4-12-11

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

CAUFFMAN SAMANTHA L

02 ADDRESS City State Zip Code

PO Box 311 Norristown PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY

seeking  hold  held

B

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

A MONTGOMERY COUNTY PA

B

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

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Student Loans Address: Interest Rate: variable

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

Name: Montgomery County, PA Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

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: 2011 APR 29 P 2:21

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 4/28/11

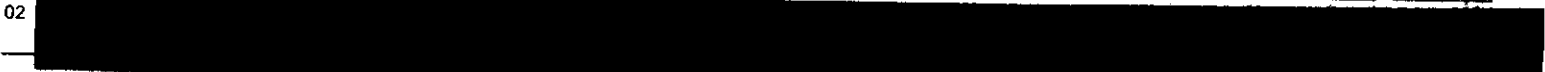
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

CAVANAUGH MARIE N



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A JURY COMMISSIONER  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

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

JURY COMMISSIONER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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

Name: MONTGOMERY COUNTY Address: P O Box 311 NARRISTOWN PA

STATE EMPLOYEES RETIREMENT SYSTEM HARRISBURG PA

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address) 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

Name: 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.

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

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

Enter Current Date 4/1/11

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

Marie N. Cavanaugh

Ethics Commission  
Statement of Financial Interests

2010

Addendum to #10  
Sources of income

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

Harleysville Savings, 271 Main Street, Harleysville, PA 19435

RECEIVED

2011 APR - 1 A 10:46

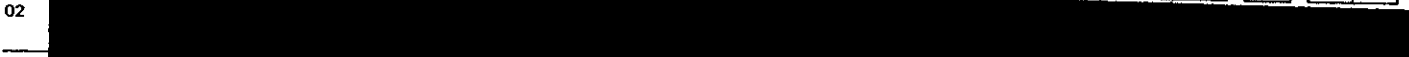
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C	L	A	R	K	E															M	I	C	H	A	E	L													P			
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A S O L I C I T O R  seeking  hold  held

B  seeking  hold  held

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

A S E E A T T A C H E D

B

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

Attorney 2 0 1 0

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 Interest Rate

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

Name Address

RUDOLPH, CLARKE & KIRK, LLC 8 NESHAMINY INTERPLEX, SUITE 215  
TREVOSÉ, PA 19053

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

RUDOLPH, CLARKE & KIRK, LLC OFFICER

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

Name and Address of Business Interest Held

RUDOLPH, CLARKE & KIRK, LLC SHAREHOLDER

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

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

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

Signature

Enter Current Date 1/20/2011

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

STATEMENT OF FINANCIAL INTERESTS ATTACHMENT  
MICHAEL P. CLARKE

Block 5

Solicitor – Borough of Conshohocken Authority  
Solicitor – Bristol Township School District  
Solicitor – Conshohocken Borough-Civil Service  
Solicitor – Conshohocken Borough Zoning Hearing Board  
Solicitor – Falls Township  
Solicitor – Jenkintown Borough  
Solicitor – Lower Makefield Township  
Solicitor – Montgomery County Register of Wills  
Solicitor – Norristown Area School District  
Solicitor – Norristown Borough-Civil Service  
Solicitor – North Wales Borough-Civil Service  
Solicitor – North Wales Water Authority  
Solicitor – Plymouth Township  
Solicitor – Schwenksville Borough Authority  
Solicitor – Springfield Township Zoning Hearing Board  
Solicitor – Whitemarsh Township Authority

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2011 JAN 25 P 3:11

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C O L O S I M O D O N A L D A

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A D I R E C T O R

B  seeking  hold  held

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

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

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: FORD CREDIT Address: USA

OFFICE OF VOTER SERVICES MONTG. CO. PA.

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2011 FEB 28 AM 10:42

OFFICIAL USE ONLY

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Enter Current Date 2/25/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COOPER JULIA

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A BOARD MEMBER  seeking  hold  held

B

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

A MONTGOMERY COUNTY BOA

B

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

Board Member - Board of Assessment Appeals 2010

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: Interest Rate

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature \_\_\_\_\_ Enter Current Date \_\_\_\_\_

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C O R C O R A N J O H N A

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown Pa 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

A Director of Communications

B

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

A Montgomery County

B

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

Public Relations

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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

Name: Eileen Corcoran Address: 975 Easton Rd  
Seizer Company Warrington Pa

OFFICE OF VOTER SERVICES MONTG. CO PA

RECEIVED

2011 FEB 28 P 3:40

Interest Rate (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

S [Redacted Signature] Enter Current Date 2/28/11

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C R O C K E R E R I K T

02 ADDRESS City State Zip Code

P O B o x 3 1 1 N o r r i s t o w n P A 1 9 4 0 4

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 filing as a solicitor

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY, PA

B

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

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: US Dept of Education Sallie Mae Address: PO Box 530260 Atlanta GA 30353 PO Box 9500 Wilkes-Barre PA 18778 Interest Rate 5.875% 3.25% set attached

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

Name: Montgomery County, PA Address: PO Box 311 Norristown, PA 19404-0311

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

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: Upper Darby Community Outreach Corp. Address: 7240 Walnut St. Upper Darby, PA 19082 Member of Board of Directors

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3/23/11

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

Additional Creditor from Box 9

Boston College

c/o Educational Computer Systems, Inc.

181 Montour Run Rd.

Conapopolis, PA 15108

Interest Rate = 5%

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

2011 APR 29 P 2:21

RECEIVED

Carl Carl 3/23/11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C U S T E R S T E V E N B

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A C H I E F J U V E N I L E P R O B A T I O N O F F I C E R

B  seeking  hold  held

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

A M O N T G O M E R Y C O U N T Y J U V E N I L E C O U R T

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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:

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

Name: Address:

OFFICE SERVICES MONTGOMERY CO. PA. RECEIVED 2011 MAR -2 10 14

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: **2-25-11**

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: D E B L A S E  
 FIRST NAME: M E L A N I E  
 MI: G SUFFIX: [ ]

02 AD: [REDACTED]

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

A A D M I N I S T R A T O R

B [ ]

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

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

B [ ]

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.  
 2011

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: \_\_\_\_\_

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

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

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

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

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

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

Business Entity (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.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

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

Business (Name and Address): \_\_\_\_\_ Interest Held Relationship Date Transferred

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

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

Signature: [REDACTED] Enter Current Date: 02/28/2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: DIMINO FIRST NAME: JOSEPH MI: M 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.

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

F  Public Official (Former) G  Public Employee (Former) H  Check this block if you are amending an original filing

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

A DIRECTOR MONT. COUNTY HEALTH DPT

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

A MONTGOMERY COUNTY

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Held:

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

Name: COUNTY OF MONTGOMERY Address: 1430 DEKALB ST NORRISTOWN PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name: Address: Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 2.24.11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **E C K E L** FIRST NAME: **B R U C E** MI: **J** SUFFIX:

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A **M E M B E R**

seeking  hold  held

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

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

A **W A S T E S Y S T E M A U T H O R I T Y O F E A S T M O N T G O M E R Y C O U N T Y**

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

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: \_\_\_\_\_

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

Name: **Montgomery County** Address: **ABINGTON TWP 248 1176 OLD YORK ROAD Abington PA 19001**

**DOUGHERTY & ECKEL 2209 MCCARMEIL AVE GLANSIDE PA 19038** **CHELTENHAM 248 8230 OLD YORK RD. ECKLES PK HATBORO 248 4145 YORK RD HATBORO PA**

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

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

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

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

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

Business Entity (Name and Address) \_\_\_\_\_ Position Held **Partner**

Name: **DOUGHERTY & ECKEL** Address: **2209 MT. CAEMEL AVE GLANSIDE PA 19038**

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 **DOUGHERTY & ECKEL** Interest Held **50% Partner**

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

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

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

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

Signature: \_\_\_\_\_ Enter Current Date: **2/17/2011**

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

E L L I S T H O M A S J

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 filing as a solicitor

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

Check this block if you are amending an original filing

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

A B O A R D M E M B E R

B T R E A S U R E R

seeking  hold  held

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

A S E P T A

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

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: \_\_\_\_\_

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

Name: Duane Morris LLP  
Montgomery County, PA

Address: 30 S. 17th St.  
Philadelphia, PA 19103  
One Montgomery Plaza  
Norristown, PA 19404

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

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

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

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

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

Business Entity (Name and Address) Independence Blue Cross  
Name: \_\_\_\_\_ Address: 1901 Market Street Philadelphia, PA 19103

Position Held: Director

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

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalty of perjury under the laws of this Commonwealth and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/2/11

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

Attachment to Statement of Financial Interests

Thomas Jay Ellis  
8332 High School Road  
Elkins Park, PA 19027

10. Direct or Indirect Sources of Income

- 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 Pike Drive, Wayne PA 19087

13. Office, Directorship or Employment in Any Business

- Duane Morris LLP, 30 South 17<sup>th</sup> Street, Philadelphia, PA 19103-4196,  
Special Counsel
- Duane Morris Government Affairs, 30 S. 17<sup>th</sup> Street, Philadelphia, PA 19103-4196,  
Managing Director

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2011 MAR 29 P 3:58  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ETNIER CAREY S

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

A DEPUTY CIO  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

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

Deputy CIO 2011

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: MONTGOMERY COUNTY Address: PO BOX 311 NORRISTOWN, PA 19404

OFFICE OF VOTER SERVICES MONTGOMERY PA.

RECEIVED 2011 FEB 25 A 9 2

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Election Code, 54 Pa.C.S. § 1109(b) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date 2-25-2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F A L I N R O B E R T M

02 ADDRESS

P.O. Box 311 City: Narrisstown State: PA Zip Code: 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A DEPUTY DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY PA

B

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

Deputy District Attorney 2010

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: Xpress Loan Servicing Address: PO Box 94553 Cleveland OHIO 44101 Interest Rate: 3.75%

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

Name: Montgomery County, PA Address: PO. Box 311 Narrisstown, PA 19404-0311

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

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

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

Source (Name and Address)

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: Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 4/25/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F E R M A N R I S A

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Official (Former) E  Public Employee (Current) F  Public Employee (Former) G  Check this block if you are filing as a solicitor H  Check this block if you are amending an original filing

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

A D I S T R I C T A T T O R N E Y  seeking  hold  held

B  seeking  hold  held

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

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

B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
D I S T R I C T A T T O R N E Y

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
2 0 1 0

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: H I G H E R E D U C A T I O N S E R V I C E S, W A R M I N G T O N, P A  
M E L L O N B A N K  
C R E D I T C A R D S E R V I C E S

Address: N F F A M I L Y T R U S T, P R I N C E T O N, P A

Interest Rate: V A R I A B L E

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

Name: C O U N T Y O F M O N T G O M E R Y, W A R M I N G T O N, P A  
J A N N E Y M O N T G O M E R Y S L O T, P R I N C E T O N, P A

OFFICE OF THE CLERK OF SUPERIOR SERVICES  
MONTGOMERY CO. PA

2011 MAR -1 P 2-25

RECEIVED

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: M I S S I O N C I A R S, B O A R D  
M E T R O P O L I T A N F O U N D A T I O N F O R C H I L D R E N, B O A R D  
M C A P, B O A R D  
P A D I S T R I C T A T T O R N E Y S L O T, E X E C B O A R D

Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Interest Held Relationship Date Transferred

The information on this form is based on the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/7/11  
BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F I R T H V I C T O R I A E



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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A Chief Investigator / Administrator  seeking  hold  held

B

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Chief Investigator / Administrator

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.

Name: 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.  (OFFICIAL USE ONLY)

Name: Address:

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

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: 2.45

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

Source (Name and Address): Value: 2.45

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: Position Held:

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

Name and Address of Business: Interest Held:

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

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

The undersigned affirms to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/4/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

FITTING JOAN L

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSESSOR

B  seeking  hold  held

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

A MONTGOMERY COUNTY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: American Heritage Credit Union Address: 2060 Red Lion Rd Philadelphia, PA Interest Rate: 3.24%

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: Fitting Appraisals Address: P.O. Box One Blooming Glen, PA 18911

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

DEPT. OF REVENUE  
NOTES & SERVICES  
MONTGOMERY CO. PA  
2011 MAR 30 2:5  
RECEIVED

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: Fitting Appraisals Address: P.O. Box One Blooming Glen, PA 18911 Position Held: Real Estate Broker

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

SAME AS ABOVE

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

Business (Name and Address)

Transferor

Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 3/2/2011

ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F O L M A R L A R R Y J

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT SOLICITOR

B

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

A COUNTY OF MONTGOMERY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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

Name: COUNTY OF MONTGOMERY Address: P.O. BOX 311 NORRISTOWN, PA 19404-0311

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name: Address: Position Held

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

Name and Address of Business Interest Held

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

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

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

Enter Current Date MARCH 29, 2011

IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

FRITER JORDAN S

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY, PA

B

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

Assistant District Attorney 2010

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: American Education Services Address: 1700 N. 7th St. Harrisburg, PA 17102 Interest Rate: 3.625%

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3/9/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GALLAGHER MICHELLE M

02 ADDRESS City State Zip Code

MONTGOMERY County Courthouse P.O. Box 311 Ntn 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 filing as a solicitor

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

Check this block if you are amending an original filing

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

A

B  seeking  hold  held

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

A

B

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

Tax Assessor

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

2010

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: 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: Montgomery County Fitting Appraisals Address: Court House Ntn Pa. 19404 D.O. Box 1 Blooming Glen, Pa 18911

(OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Enter Current Date 3/10/2011

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G A L L E N S A M U E L J

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A DEPUTY CHIEF COUNTY DETECTIVE

B  seeking  hold  held

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

A COUNTY OF MONTGOMERY

B DISTRICT ATTORNEYS OFFICE

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: American Express - P.O. Box 1270 Newark NJ 07101 Address: Interest Rate 15.24%

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

Name: Montgomery County, Pa Address: P.O. Box 311 Norristown, Pa 19304

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

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name Address Position Held

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

Name and Address of Business Interest Held

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

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

The undersigned hereby affirms that the foregoing is true and correct to the best of his or her own knowledge, information and belief; said affirmation being made subject to the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/12/2011

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Giamportcaro Sharon

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A Deputy District Attorney  seeking  hold  held

B   seeking  hold  held

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

A Montgomery County, PA

B

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

Deputy District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_ Interest Rate \_\_\_\_\_

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

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404

Saint Joseph's Villa 110 W. Wirschickon Ave, Elvaston, PA 19031

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

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

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

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

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

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

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

Business (Name and Address) \_\_\_\_\_ Interest Held Relationship Date Transferred \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Enter Current Date 3/11/11

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



**EXHIBIT A**

**BOX 9**

<b>NAME</b>	<b>ADDRESS</b>	<b>INTEREST RATE</b>
Chrysler Financial	P.O. Box 9223 Farmington Hills, MI 48333	5.4%
American Express Platinum	P.O. Box 1270 Newark, NJ 07101	None – Charge Card
Sallie Mae Federal Student Loan	Sallie Mae, Inc. P.O. Box 9500 Wilkes-Barre, PA 18773	5.5%
Chase Platinum	P.O. Box 15153 Wilmington, DE 19886	9.89%
U.S. Dept. of Ed. Federal Student Loan Consolidation	Direct Loan Payment Center P.O. Box 530260 Atlanta, GA 30353	6%
U.S. Dept. of Ed. Federal Student Loans	Direct Loan Payment Center P.O. Box 530260 Atlanta, GA 30353	6.8%
Black Card	Card Services P.O. Box 8801 Wilmington, DE 19899	13.99%

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VOTER SERVICES  
MONTG. CO. PA.

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**EXHIBIT B**

**BOX 10**

NAME	ADDRESS
Montgomery County	P.O. Box 311 Norristown, PA 19404
Air Data Corporation	5595 NW 36 <sup>th</sup> Street Miami Springs, FL 33166
ARC Avionics Corporation	5595 NW 36 <sup>th</sup> Street Miami Springs, FL 33166
Fidelity Investments	Fidelity Investments P.O. Box 77001 Cincinnati, OH 45277-0003

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2011 APR 29 P 2:22  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: GLASS FIRST NAME: JOY MI: M SUFFIX:

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

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Official (Former)  Public Employee (Former)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

A Internal Auditor

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 Mt. Gomerly County Controllers

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.

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: American Signature Address: 4300 E. 5th Ave Columbus, OH 43219

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

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ Enter Current Date: 1/18/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: GOLDMAN

FIRST NAME: MYRON

MI: W

SUFFIX:

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

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Employee (Former)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

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

A SCHOOL BOARD DIRECTOR  seeking  hold  held

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

A MOST CITY TRANSPORTATION AUTHORITY

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_

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

SOCIAL SECURITY, PSENS, JAMMED CTR PLZ, HANNSBURG, PA 17108, VALLEY Forge, PA 19482

Name: MET LIFE IMETLIFE PLAZA, VALLEY Forge, PA 19482

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

Source of Gift: VANGUARD PUBOX 2600

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

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

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: \_\_\_\_\_ Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Interest Held: \_\_\_\_\_

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

Name and Address of Business: \_\_\_\_\_

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

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

Interest Held: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date Transferred: \_\_\_\_\_

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
GORDON BRIAN A

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held  
A COMMISSIONER LOWER MERION TOWNSHIP  
B SOLICITOR TO THE CORONER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A LOWER MERION  
B CORONER, MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
Lawyer/Attorney 2010

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Address:  
LOWER MERION TOWNSHIP Commissioner 75 E. LANCASTER AV. ADAMSBURG

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: GORDON & ASHWORTH P.C. 1 Belmont Ave Ste 703 BALTIMORE MD 21201  
Solicitor MONTGOMERY Co. Coroner 1410 Melrose Ave ELKINS PARK PA  
NORRISTOWN PA  
SEE ATTACHED

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) 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  
Name: 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: GORDON & ASHWORTH PC 1 Belmont Ave, Balt Cynwyd PA 19004  
GORDON KATES PARTNERSHIP 1410 Melrose Ave ELKINS PARK PA

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

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

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MAY - 5 2010  
NOTICE SERVICE  
MONTGOMERY CO. PA



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **GORDON** FIRST NAME: **MICHAEL** M: **P** SUFFIX:

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

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

A **CHIEF AUDIT PROBATION & PAROLE**  seeking  hold  held

B

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

A **MONTGOMERY COUNTY**

B

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

**Chief Audit Probation & Parole Officer**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: **Loyola Financial** Address: \_\_\_\_\_  
**Harleysville National**

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

OFFICE OF VOTER SERVICES  
MONTG. CO. PA.

2011 FEB 28 9:04 AM RECEIVED

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

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

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

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

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

Business Entity (Name and Address) \_\_\_\_\_ Address: \_\_\_\_\_ Position Held

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

Name and Address of Business \_\_\_\_\_ Address: \_\_\_\_\_ Interest Held

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

Business (Name and Address) \_\_\_\_\_ Interest Held Relationship Date Transferred \_\_\_\_\_

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

Enter Current Date: **2/24/11**

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G R A B F E L D E R M A R K H.

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A REAL ESTATE ASSESSOR  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: 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: JEFF GOLDSTEIN Address: 107 WOODSTREAM DR, NORRISTOWN, PA 19403

(OFFICIAL USE ONLY)

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

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

Source (Name and Address)

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: Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Enter Current Date 3-7-11  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G r a c i a D o n a l d J

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

Check this block if you are amending an original filing

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

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

seeking  hold  held

B

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

A M o n t g o m e r y C o u n t y C o r r . F a c .

B

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

See Attached Sheet 2 0 1 0

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: See Attached Sheet Address: See Attached Sheet

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: See Attached Sheet Address: See Attached Sheet

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: See Attached Sheet Address: See Attached Sheet

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

Name and Address of Business Interest Held

See Attached Sheet

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the 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 (with regard to falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4-13-11

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

**Statement of Financial Interests**  
**For year 2010**  
**Back page**

**Donald J. Gracia**

**Block 06 Occupation or Profession**

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**

**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)

u

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME GRADEL FIRST NAME JOHN MI N SUFFIX

02 ADDRESS P.O. Box 311 NOERISTOWN PA 19404 State Zip Code

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 filing as a solicitor

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY

seeking  hold  held

B

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

A MONTGOMERY COUNTY PA

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: USAA Address: SAN ANTONIO, TX 78288 Interest Rate: VAR.

CAPITAL ONE AUTO PLANO, TX 75093

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

Name: MONTGOMERY COUNTY Address: PO BOX 311

NOERISTOWN PA 19404

(OFFICIAL USE ONLY)

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

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: Address:

Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 4/26/11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **GRAF** FIRST NAME **ROBERT** MI **W** SUFFIX **MR**

02 ADDRESS **COURT HOUSE P.O. BOX 311 NORRISTOWN PA 19404** City State Zip Code

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

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

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

A **CHIEF CLERK**  seeking  hold  held

B

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

A **MONTGOMERY COUNTY**

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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

**38 CHADWICK CIRCLE, WORCESTER PA 19403**

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

Name **GMAC AUTO INC** Address: **PO BOX 380901 BLOOMINGTON, MN. 55438** Interest Rate **0.070**

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

Name: Address: OFFICE OF NOTARY SERVICES MONTG. CO. PA

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Name: Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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

Signature: **[Redacted]** Enter Current Date: **2/24/11**

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GRAYAUSKIE LINDA A

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A SUPERVISOR  seeking  hold  held

B  seeking  hold  held

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

A MONTGOMERY COUNTY

B

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

SUPERVISOR - REAL ESTATE DIVISION 2010

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: Interest Rate:

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

Name: Address: (OFFICIAL USE ONLY)

RECEIVED 2011 MAR 30 P 2:55

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (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.

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 3/1/2011

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME HAMILTON FIRST NAME WILLIAM MI G SUFFIX

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A BOARD OF DIRECTORS seeking  hold  held

B  seeking  hold  held

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

A REDEVELOPMENT AUTHORITY OF

X MONTGOMERY COUNTY

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

RETIRED

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_

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: see attached Address: \_\_\_\_\_

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

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

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

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

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

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ Enter Current Date: March 7, 2011

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

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 OFFICE OF  
 VOTER SERVICES  
 MONTGOMERY CO PA



10. DIRECT OR INDIRECT SOURCES OF INCOME

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

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

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

USAA Life Insurance Co.  
9800 Fredericksburg Road  
San Antonio, TX 78288

March 8, 2011

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2011 MAR 10 A 9:52  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **HANES** FIRST NAME **DAVID** MI **B** SUFFIX

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

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

A **REGISTER OF WILLS CLERK OF OC**  seeking  hold  held

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

A **MONTGOMERY COUNTY**

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **REGISTER OF WILLS, ATTORNEY**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: \_\_\_\_\_ 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: **D. BRUCE HANES, Esq.** Address: **101 GREENWOOD AVE JENKINTOWN, PA 19046**

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

Source of Gift \_\_\_\_\_ Address of Source 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: **D. BRUCE HANES, Esq.** Address: **101 GREENWOOD AVE JENKINTOWN, PA 19046** Position Held: **OWNER**

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

Name and Address of Business: **D. BRUCE HANES, Esq. 101 GREENWOOD AVE JENKINTOWN, PA 19046** Interest Held \_\_\_\_\_

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

Business (Name and Address) Transferred \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

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OFFICE OF THE  
STATE ETHICS COMMISSION  
MONTGOMERY COUNTY  
APR 26 2011

Signature: \_\_\_\_\_ Enter Current Date: **4-29-2011**

THIS STATEMENT AND ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. (3 of 4)



Addendum to Statement of Financial Interests

Stephen G. Heckman

- #10. Direct or Indirect Sources of Income (continued)
- Patricia A. Zaffarano, Magisterial District Judge (spouse)
- Commonwealth of Pennsylvania
- District Court 38-1-10
- 1301 S. Bethlehem Pike, Ambler, PA 19002

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2011 APR 25 P 2:49  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H E N D R I C K S O N A L I C E [X] [ ]

02 ADDRESS City State Zip Code Area Code Phone

P.O. BOX 311 NORRISTOWN PA 19404

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are filing as a solicitor

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

A CHIEF DEPUTY CLERK OF COURTS

seeking  hold  held

B VACANCY BOARD

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

A MONTGOMERY COUNTY

B UPPER DUBLIN TOWNSHIP

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

CHIEF DEPUTY- CLERK OF COURTS 2010

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

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

Creditor

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

Name Address

OFFICE OF THE CLERK OF SUPERIOR COURTS  
VOTER SERVICES  
MONTGOMERY CO. PA.

RECEIVED JUN 7 10 26 AM '10

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

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. [X]

Source (Name and Address) Value

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

Business Entity Position Held

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

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. [X]

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4004 (b) and the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 6-6-11

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H E N N I G A N K A T H L E E N

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A SENIOR ASSESSMENT ANALYST

B

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

A BOARD OF ASSESSMENT APPEALS

B

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

SENIOR ASSESSMENT ANALYST

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: 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: MONTGOMERY COUNTY Address: PO BOX 311 NORRISTOWN PA 19409

(OFFICIAL USE ONLY)

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

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

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

Source (Name and Address): Value:

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

Business Entity (Name and Address): Name: Address: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. Enter Current Date 3/4/11 MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A C O U N T Y C O M M I S S I O N E R

B

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

A M O N T G O M E R Y

B

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

Commissioner 2010

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: Interest Rate:

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

Name: MONTGOMERY COUNTY Address: MORRISTOWN PA

SCHOOL DISTRICT OF PHILADELPHIA PHILADELPHIA PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name: Address: Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 3/23/11

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





# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Hoke Kevin C

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A First Deputy Controller  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Certified Public Accountant

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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: Kevin C. Hoke, CPA  
County of Montgomery

Address: 308 Davisville Rd, Willow Grove, PA  
PO Box 311, Norristown, PA 19340

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Kevin C. Hoke, CPA Address: Proprietor - 308 Davisville Rd, Willow Grove, PA 19090 Position Held: Owner/Practitioner

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

Kevin C. Hoke, CPA, 308 Davisville Road, Willow Grove, PA 19090 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Act (Act 12 of 2008) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date March 27, 2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O L L O W A Y P R I N C E P

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19104

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 filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Sallie Mae Address: 18773 PO Box 9532 Wilkes Barre PA

AES (American Education Services) 1200 N. 7th St. Harrisburg, PA

Interest Rate: Variable for both loans company (OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: Po Box 311 Norristown, PA 19104

Bala Golf Club 2200 Belmont Ave, Phila. PA 19131

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

RECEIVED

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

RECEIVED

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Bala Golf Club Address: 2200 Belmont Ave, Phila, PA

Position Held: Valet

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 2/12/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O R O W I T Z S H E R R Y L

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A CHAIRPERSON

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY INDUSTRIAL

B DEVELOPMENT AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Sherry L Horowitz, Attorney at Law Address: 111 Presidential Blvd # 208 Bala Cynwyd, Pa 19004

RECEIVED  
2011 APR 20 P 2:51  
OFFICE OF THE  
VOTER SERVICE  
MONTG. CO  
OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Sherry L Horowitz, Attorney at Law Address: 111 Presidential Blvd # 208 Bala Cynwyd, Pa 19004 owner

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

Sherry L Horowitz, Attorney at Law owner

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 18 Pa.C.S. § 904 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 4/15/11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O T C H K I S S J A M E S G S R

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M O N T G O M E R Y C O U N T Y A S S E S S O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSESSOR 2010

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: 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: Montgomery County Courthouse Address: P.O. Box 311 Norristown

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Roslyn Volunteer Fire Co Address: Bradford Rd. Rosky Position Held: PRESIDENT RELIEF ASSOC.

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/1/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H U F F C H R I S T O P H E R A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C O M M E R C I A L A S S E S S O R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A C O U N T Y O F M O N T G O M E R Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

COMMERCIAL ASSESSOR 2010

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: CHASE AUTO FINANCE Address: PO Box 901076 Ft. Worth, TX 76101 Interest Rate: 5.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: COUNTY OF MONTGOMERY Address: PO Box 311 NORRISTOWN PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [ ] Value of Gift: [ ]

Address of Source of Gift: [ ] Circumstances (including description) of Gift: [ ]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [ ] Value: [ ]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): [ ] Position Held: [ ]

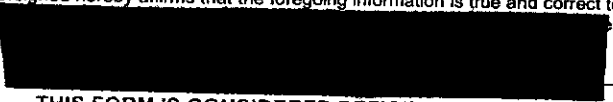
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: [ ] Interest Held: [ ]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [ ] Transferee (Name and Address): [ ] Interest Held Relationship Date Transferred: [ ]

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).



Enter Current Date 3/4/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **HUGHES** FIRST NAME **KENNETH** MI **B** SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **PLANNING COMMISSION DIRECTOR**

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
**LAND PLANNER**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: **MONTGOMERY COUNTY** Address: **COURT HOUSE BOX 311, NARRITOWN PA 19064**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date **3/1/11**

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

JACKSON Beverly A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Director  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

EEO/EAP

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/30/11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: J A F F E FIRST NAME: R O B E R T MI: M SUFFIX:

02 ADDRESS: ONE MONTGOMERY PLAZA City: NORRISTOWN State: PA Zip Code: 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSESSOR

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY Address: ONE MONTGOMERY PLAZA NORRISTOWN, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [ ] Address of Source of Gift: [ ] Circumstances (including description) of Gift: [ ]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [ ]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): NONE Name: NONE Address: NONE Position Held: [ ]

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: NONE Interest Held: [ ]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): NONE Transferee (Name and Address): NONE Interest Held Relationship Date Transferred: [ ]

OFFICE OF THE STATE ETHICS COMMISSION  
 VOTES SERVICES  
 MONTS CO PA  
 2011 MAR 30 PM 2:51  
 RECEIVED

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 46 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: 3/4/11



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: J a p p e  
 FIRST NAME: A d r i e n n e  
 MI: D  
 SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL STATEMENT INFORMATION.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A District Attorney's Office

B Montgomery County

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: U.S. Dept of Education Direct Loan Svcs Ctr. PO Box 8609, Greenville, TX 75403  
 Key Bank Harrisburg pa 17130

Interest Rate: 5.2  
 approx. 3.95  
 (OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County DA's Office  
 Address: Courthouse, P.O. Box 311, Norristown PA 19340

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Montgomery Co. DA's Office  
 Address: Courthouse, 4th Fl, Norristown PA 19340  
 Position Held: Asst. District Atty

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/10/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **K I N G** FIRST NAME **J E S S E** MI **S** SUFFIX

02 ADDRESS **P.O. Box 311** City **Norristown** State **PA** Zip Code **19404**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **A S S I S T A N T D I S T R I C T A T T O R N E Y**

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **M O N T G O M E R Y C O U N T Y , P A**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **A S S I S T A N T D I S T R I C T A T T O R N E Y**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2 0 1 0**

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: 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: **Montgomery County PA** Address: **P.O. Box 311 Norristown, PA 19404-0311**

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date **3-10-11**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
KLINE JOANNE G

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

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  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A EXECUTIVE DIRECTOR AGING + ADULT Services  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A MONTGOMERY COUNTY AGING + ADULT Services  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
Social Work Administration 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: Montgomery County Address: Box 311, Norristown, PA 19403

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held  
Name: Habitat for Humanity - Montco Address: Norristown, PA 19403 Board Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 2-25-2011  
MADE. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

K L O T H E N K E N N E T H L

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR OF ECONOMIC DUPT  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) *Same as Block 4*

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: *See attached Schedule* Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: *White Mountain School* Address: *Bethlehem, NH* *Secretary*

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

The undersigned certifies that the information provided on this form is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted]

Enter Current Date *5-5-11*

IF ABOVE IS NOT COMPLETED, MAKE A COPY FOR YOUR RECORDS.

Kenneth Klotter  
SEC-1

**Cambiar Investors LLC**

2401 East Second Avenue  
Suite 500  
Denver, CO 80206  
Phone: (303) 302-9000  
Toll-free: 1-888-673-9950  
Fax: (303)302-9050

**Daruma Asset Management, Inc.**

80 West 40th Street, 9th Floor  
New York, NY 10018  
Phone: (212) 869-4000  
Fax: (212) 869-4882

**Gardner Lewis Asset Management**

285 Wilmington- West Chester Pike  
Chadds Ford, PA 19317  
Phone: (610) 558-28500  
Fax: (610) 558-4839

**Farr, Miller, & Washington LLC**

1020 19<sup>th</sup> Street, N.W.  
Suite 200  
Washington, D.C. 20036  
Phone: (800) 390-3277

**GW&K Investment Management (Gannett  
Welsh and Kotler, LLC)**

222 Berkeley Street  
Boston, MA 02116  
Phone: (617) 236-8900  
Fax: (617) 236-1815

**Artio Global Investment Funds**

330 Madison Ave.  
Milwaukee, WI 53202  
Phone: (800) 387-6977

**Wells Fargo Funds Trust**

525 Market Street  
San Francisco, DE 94163  
Phone: (800) 222-8222

**Gary Greenberg**

4540 IDS Center  
80 S 8<sup>th</sup> Street  
Minneapolis, MN 55402

**Dodge & Cox Funds**

Boston Financial Data Services  
PO Box 8422  
Boston, MA 02266-8422

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2011 MAY -5 A 11: 36

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME KONNICK FIRST NAME JAMES MI A SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A BOARD MEMBER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY HIGHER ED

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Executive

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

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: ULI INC Address: 379 Cherry St Po 1534

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty of perjury under the provisions of the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 12/31/10

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L a C a v a S u s a n

02 ADDRESS City State Zip Code

Swede & Airy Streets Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M A P P I N G S U P E R V I S O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A N O N E

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

M A P P I N G S U P E R V I S O R

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3-2-11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LANKFORD JAMES M

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A BOARD MBR - HIGHER EDUCATION AND HEALTH AUTHORITY  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

Automobile Business 2010

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: JML Address: JML

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: LANKFORD AUTOMOTIVE INC Address: 1437 Ridge Pike Suite B Plymouth Mtg Pa

HERITAGE COACH CO. Address: 1437 Ridge Pike Suite A Plymouth Mtg Pa 19462

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: LANKFORD AUTOMOTIVE INC Address: 1437 Ridge Pike Suite B Ply. Mtg Pa 19462 Position Held: PRES.

HERITAGE COACH CO. Address: 1437 Ridge Pike Suite A Ply. Mtg Pa 19462 CEO

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

LANKFORD Automotive INC + HERITAGE COACH CO. 100% + 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: JANUARY 18, 2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L A R K I N J O H N E

02 ADDRESS City State Zip Code

P.O. Box 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held  held

A ASSISTANT DISTRICT ATTORNEY

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSISTANT DISTRICT ATTORNEY 2010

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: SALLIE MAE Address: P.O. Box 9532 WILKES-BARRE, PA 18773 Interest Rate: ~6%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY, PA Address: P.O. Box 311 NORRISTOWN, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

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: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. 54904 (Unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 31109(b).

Enter Current Date 3/9/2011

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LATZER STEVEN 5

02 ADDRESS P.O. Box 311 City Norristown State PA Zip Code 19004

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 filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Deputy District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Fia Card Services Address: Wilmington, DE 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: See Attached Sheet Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description of Gift) Value of Gift

2011 APR 29 P 2 28 RECEIVED

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name Address Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/15/2011

**STEVEN J. LATZER**

**STATEMENT OF FINANCIAL INTERESTS: 2010**  
**(SUPPLEMENTAL SHEET)**

#10: DIRECT OR INDIRECT SOURCES OF INCOME

NAME: Montgomery County, PA  
LaSalle University  
Charles Schwab & Co.

ADDRESS: Norristown, PA  
Philadelphia, PA  
San Francisco, CA

RECEIVED

2011 APR 29 P 2: 22

OFFICE OF  
VOTER SERVICES  
MONTG CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 L e v a n d o s k i H e a t h e r A

02 ADDRESS City State Zip Code  
 P.O. Box 311 Norristown Pa 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County, Pa

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Montgomery County Pa Address: P.O. Box 311 Norristown, Pa 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3.16.11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
LEVY MARK

02 ADDRESS MONTGOMERY COUNTY COURTHOUSE City State Zip Code  
P.O. Box 311, NORRISTOWN, PA, 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A PROTHONOTARY  seeking  hold  held  
B MEMBER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A MONTGOMERY  
B MONTCO 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 the PRIOR calendar year indicated:  
PROTHONOTARY 2010

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: SOVEREIGN BANK Address: P.O. Box 16255 READING, PA, 19612-6255 Interest Rate: 2.99%  
ALLY FINANCIAL Address: P.O. Box 8141 COCKEYSVILLE, MD 21030 Interest Rate: 9.04%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: COUNTY OF MONTGOMERY Address: P.O. Box 311, NORRISTOWN, PA, 19404-0311  
CATERING-BY-DESIGN (SPOUSE) 18 W. HORTER STREET, PHILA, PA, 19119

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3.6.11

THIS FORM IS CONSIDERED DEFICIENT IF THE INFORMATION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LIBERATO ANTHONY A



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A RESIDENTIAL ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Residential Assessor 2011

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description of Gift) Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/2/11

RECEIVED  
 2011 MAR 30 P 2:51  
 OFFICE OF  
 VOTER SERVICES  
 MONTGOMERY CO, PA

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

LOCKARD RODNEY JR.

NOTE: IF YOU ARE FILING THIS STATEMENT IN PARTIAL PAYMENTS, 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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE TAX ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A BOARD OF ASSESSMENT APPEALS

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
REAL ESTATE TAX ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including date) of Gift: Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Current Date 3/1/11

RECEIVED  
MAR 30 2 25 PM '11  
OFFICE OF  
VOTE SERVICES  
MONGI CO. PA.

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETELY FILLED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
LUPINACCI TONYA

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing  
B  Nominee E  Public Official (Former) F  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

Creditor	Interest Rate
1 CAR loan - Nissan - 2.99%	
2 U PROMISE BANK OF AMERICA	10.9%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name	Address	(OFFICIAL USE ONLY)
Montgomery Co. DA'S OFFICE	Swede + Airey Streets NORRISTOWN, PA 19403	

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 Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Date April 27, 2011



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A L O N E Y C H R I S T O P H E R M

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A D E P U T Y D I S T R I C T A T T O R N E Y

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y D A I S O F F I C E

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

D E P U T Y D I S T R I C T A T T O R N E Y

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: WELLS FARGO BANK ACS LOANS Address: BALA CYNWYD, PA VTICA, NY Interest Rate 4.25% 7.625%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY TEMPLE LAW SCHOOL Address: COUNTY COURTHOUSE, NORRISTOWN, PA BROAD STREET, PHILADELPHIA, PA (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Access to Information Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/26/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MARLIER NOAH

02 ADDRESS City State Zip Code

PO BOX 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSISTANT DA 2010

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: DIRECT LOANS Address: US DEPT. OF EDU. SERVICING CNTR. Interest Rate: 6.8%

PO BOX 5609 GREENVILLE, TX 75403

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY, PA Address: PO BOX 311 NORRISTOWN, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift 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: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/15/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A R O S E K S A N D Y L

02 ADDRESS City State Zip Code

ONE MONTGOMERY PLAZA NORRISTOWN PA 19460

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 filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSESSOR 2010

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: 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: MONTGOMERY COUNTY BOA Address: NORRISTOWN PA 19401

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

RECEIVED  
MAR 30 P 251  
OFFICE OF THE  
VOTER SERVICES  
MONTG. CO PA

S [Redacted] Enter Current Date 3/3/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MASCARO PASQUALE N MR

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A BOARD MEMBER - MONTGOMERY COUNTY TRANSPORTATION AUTHORITY

B MONTGOMERY COUNTY TRANSPORTATION AUTHORITY

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 TRANSPORTATION AUTHORITY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
President, Solid Waste Services, Inc.  
d/b/a J.P. Mascaro & Sons

07 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.

See Attached Sheet

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Wells Fargo - Individual Address: PA5409 2240 Butler Pike  
Line of Credit Plymouth Meeting, PA 19462

Interest Rate 1.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: See Attached Sheet Address:

OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: See Attached Sheet 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

See Attached Sheet

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the 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 provided in the Pennsylvania State Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 5/2/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATE ETHICS COMMISSION  
MAY -9  
RECEIVED  
OFFICE OF VOTER SERVICES  
MONTG. CO. PA  
2011 MAY 20 A 4:15

# STATEMENT OF FINANCIAL INTERESTS OF PASQUALE N. MASCARO

## Block No. 8 – Real Estate Interests

An entity owned by Pasquale N. Mascaro, F.R.&S., Inc. d/b/a Pioneer Crossing Landfill, has ongoing long-term leases with four (4) Berks County Municipalities (i.e., Wyomissing Borough, West Reading Borough, Mohnton Borough and Spring Township) for the lease of air space at the Pioneer Crossing Landfill for future disposal. The address of the Pioneer Crossing Landfill is 727 Red Lane Road, Birdsboro, PA 19508.

## Block No. 10 – Direct or Indirect Sources of Income

Pasquale N. Mascaro's primary and direct source of income is from Solid Waste Services, Inc. d/b/a J.P. Mascaro & Sons, whose address is 2650 Audubon Road, Audubon, PA 19403. Other entities from which Mr. Mascaro realizes direct or indirect income are Franconia Associates, M.B. Investments, Inc., F.R.&S., Inc., Valero Terrestrial Corporation, Lackawanna Transport Company, and WPAC, Inc. The address for each of these entities is also 2650 Audubon Road, Audubon, PA 19403. Mr. Mascaro receives other indirect income from his Wells Fargo Asset Management Account, various IRA's he owns, his 401K Account with Solid Waste Services, Inc., various Certificates of Deposit he owns, various money market accounts, and the SLM Shore Trust (i.e., Real Estate Trust).

## Block No. 13 – Office, Directorship or Employment in Any Business

Mr. Mascaro has an ownership, officership, directorship and/or employee interest in Solid Waste Services, Inc. d/b/a J.P. Mascaro & Sons, where he is a 20% owner, President, Director and employee, as well as in the following entities, all of which are J.P. Mascaro & Sons related entities:

M.B. Investments  
JPMS, Inc.  
F.R.&S., Inc.  
Lackawanna Transport Company  
M.B. Investments of West Virginia  
Great Valley Recycling, Inc.  
IDA, Inc.  
Valero Terrestrial Corporation  
American Compost Corporation

Franconia Associates  
Lehigh Valley Recycling, Inc.  
J.P. Mascaro, Inc.  
Solid Waste Services of West Virginia, Inc.  
Landfill Development & Design, Inc.  
Fox Transfer Station, Inc.  
MPJ Realty, Inc.  
Landfill Development & Design, Inc.  
A&M Composting, Inc.

OFFICE OF  
SOLID WASTE  
SERVICES  
MONTGOMERY  
CO. PA.

2011 MAY 20 A 9 15

RECEIVED

MRAC, Inc.  
White Pines Corporation  
HLP, Inc.  
Eagle Environmental, L.P.  
Heritage Campground, Inc.  
Transport Logistics, Inc.  
DBSA Corporation

JOIDA, Inc.  
WPAC, Inc.  
HLAC, Inc.  
Recycling Investments, Inc.  
IDAMAS, LLC  
FAM-OLEY, L.P.  
Birdsboro Slag Products Company, Inc.

In each of the above-referenced entities, Mr. Mascaro is either the sole or 20% owner or a partner if the entity is a partnership, the President if the entity is a corporation, and a Director if the entity is a corporation. All of the above-referenced entities, including Solid Waste Services, Inc., doing business as J.P. Mascaro & Sons and all of the J.P. Mascaro & Sons related entities have an office address of 2650 Audubon Road, Audubon, PA 19403.

Block No. 14 – Financial Interest in Any Legal Entity and Business for Profit

Please refer to the responses in Block No. 13 above for the entities involved.

2011 MAY -9 P 12:05  
STATE ETHICS  
COMMISSION

RECEIVED  
2011 MAY 20 A 9:15  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MATTHEWS JAMES R

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNTY COMMISSIONER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) MORTGAGE BROKER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: FIRST NIAGRA (COMMERCIAL) Address: BUFFALO, NY Interest Rate 5.75%

FIRST NIAGRA (INVESTMENT) BUFFALO, NY 3.00%

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: KEEGAN MORTGAGE CORP. Address: ORELAND, PA

ORELAND STATION APTS ORELAND, PA

MONTGOMERY COUNTY NORRISTOWN, PA

PENNSYLVANIA CONVENTION CENTER AUTHORITY, PHILA., PA

CHARTER ABSTRACT COMPANY FORT WASHINGTON, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) KEEGAN MORTGAGE CORP. PRESIDENT

PHILADELPHIA CONVENTION CENTER AUTHORITY MEMBER

PHILADELPHIA CONVENTION AND VISITORS BUREAU MEMBER ETC

Soil Conservation District Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business CHARTER ABSTRACT CO. Interest Held 6.2%

KEEGAN MORTGAGE CORP., ORELAND, PA 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/13/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: M A Z A FIRST NAME: J A M E S MI: W SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Official (Former)  Public Employee (Former)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY C O O

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): A Lawyer

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

Sherburne Rd - Associates Lehigh, Pa

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: First Marine Address: Haverhill Interest Rate: 7% (plus 1)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MAZDA David Address: Lehigh, Pa

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [Redacted] Address of Source of Gift: [Redacted] Circumstances (including description) of Gift: [Redacted]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [Redacted] Value: [Redacted]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box.

Business Entity (Name and Address): MAZA + David Position Held: Partner

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: MAZA + David Lehigh, Pa Interest Held: Partner

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [Redacted] Transferee (Name and Address): [Redacted] Interest Held: [Redacted] Relationship: [Redacted] Date Transferred: [Redacted]

The undersigned certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State Election Code (Act 77 of 1992), the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: March 23 2010

THIS FORM IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M c D o n a l d G r e g o r y

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Deputy Coroner

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Office of the Coroner

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Pathologist

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block

Name: Address:

2011 APR 27 4:10:28  
 RECEIVED  
 OFFICIAL USE ONLY  
 VOTER SERVICES  
 MONTGOMERY COUNTY PA

11 GIFTS (See instructions on page 2) If NONE, check this box

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box

Business Entity (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

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/23/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C F A R L A W D W A M C Y T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A P R I S O N B O A R D I N S P E C T O R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

clerk

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate: X

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Clerk of Courts swale + Main, Norristown, Pa. 19401

Address: Proto-Tube Prod Inc. 3319 W. Ridge PK, Eagleville, Pa. 19403

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Value of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Proto tube Prod Inc. Address: 3319 W. Ridge PK, Eagleville, Pa. 19407 Position Held: Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Proto tube Prod Inc. Address: 3319 W. Ridge PK, Eagleville, Pa. 19405 Interest Held: Officer

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held: Relationship: Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4-29-10

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

McGee Michael J

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Transportation Authority Member  seeking  hold  held

B HLRA Director Township Mgr  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B Horsham Township

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

HLRA Director 2010

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: Ford Credit Address:

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: Horsham Township USAA Investments Address: 1025 Horsham Rd Horsham Pa San Antonio Texas

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. 54904 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/14/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME McGill FIRST NAME Katherine MI E SUFFIX

02 ADDRESS PO Box 311 City Norristown State PA Zip Code 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.  ACS LOANS

Name: American Education Services Address: 1760 N. 7th St. Harrisburg, PA 17107 Interest Rate Variable

Access Group - PO 7454, Wilmington, DE 19803

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Montgomery County, PA Address: PO Box 311

Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift	Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address:

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date 4-28-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C G O L D R I C K T H O M A S W

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY DA'S OFFICE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
DEPUTY DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: BB+T (CAR LOAN) AES (STUDENT LOANS) Address: CHARLOTTE, NC P.O. BOX 580048, 28258 Interest Rate: 6.59% APPROX. 7%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY Address: P.O. BOX 311, NORRISTOWN, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/11/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY SECTION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MCGAOPY JOSEPH J. JD

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 filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PLEASE SEE ATTACHED  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)

A PLEASE SEE ATTACHED

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: PLEASE SEE ATTACHED LIST Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: PLEASE SEE ATTACHED LIST Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: PLEASE SEE ATTACHED LIST 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

Position Held

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. § 1904 (penalty for false information to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

OFFICE OF  
VOTER SERVICES  
MONTGOMERY CO., PA.  
RECEIVED  
2011 FEB 11 A 8:35  
Interest Rate

Enter Current Date 2-11-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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
7. West Conshohocken Municipal Authority
8. Hereford Township - Special Counsel

Line 5

Mental Health Review Officer for Montgomery County

Line 9

PNC Credit - No Balance      Interest Rate: Variable

Jaguar Credit -                      Balance: \$0  
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

RECEIVED  
2011 FEB 17 A 8:25  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MCINTYRE COLLEEN

02 ADDRESS City State Zip Code

P.O. BOX 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: US Dept of Education Address: P.O. Box 530260 Atlanta, GA 30353 Interest Rate: 6.250%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

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: Position Held: 3

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty of Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/9/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.





# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C N U L T Y L A U R E N I

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: American Education Services Address: P.O. Box 2461 Harrisburg, PA 17105-2461 Interest Rate 4.060% and 7.125%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Field Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty of perjury under the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/29/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M	I	L	L	E	R	B	A	R	R	Y	M	
---	---	---	---	---	---	---	---	---	---	---	---	--

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S O L I C I T O R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y C O M M I S S I O N E R S

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: Citizens Bank Address: \_\_\_\_\_  
Line of credit \$75,000 - Zero Balance

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: Norristow, PA 19404  
Law Offices of Barry Miller 54 East Penn Street

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Law Offices of Barry Miller Address: 54 East Penn Street Norristown, PA 19401 Position Held: Owner/Attorney

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Law Offices of Barry M. Miller, 54 East Penn Street, Norristown, PA 19401 Interest Held: 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned \_\_\_\_\_ said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 3/29/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
M O R G A N D I A N E B M S

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A C O N T R O L L E R  seeking  hold  held  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A M O N T G O M E R Y C O U N T Y  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
C O N T R O L L E R 2 0 1 0

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  
Name: MORGAN STANLEY SMITH BARNEY ONE TOWER BRIDGE  
Address: 180 FRONT ST., W. CONSHOHOCKEN, PA 19020  
OPPENHEIMER & CO. 1818 MARKET ST., PHILA, PA 19103  
OFFICE OF THE CLERK OF THE COMMONWEALTH OF PENNSYLVANIA  
RECEIVED  
2011 JAN 18 A 11:59

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: DM & A INSURANCE AGENCY 753 JOHNS LN., AMBLER, PA  
JENLENE PROPERTIES 753 JOHNS LN., AMBLER, PA 19002 19002 Interest Held: 100% 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned certifies that the foregoing is true and correct to the best of his/her own person's knowledge, information and belief, said affirmation being made subject to the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).  
Signature: Enter Current Date 1/18/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MYER TOUHEY MK

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 filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant County Solicitor

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Commissioner

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Attorney 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Caesar Rivise Bernstein Cohen & Pokotilow Address: 1635 Market Street Philadelphia PA 19102

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Caesar Rivise Bernstein Cohen & Pokotilow Address: 1635 Market Street Philadelphia Position Held: Attorney

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the 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 (penalties) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/31/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NAGEL JOAN M

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A 1ST DEPUTY REGISTER OF WILLS  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ATTORNEY 2010

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: 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: MONTGOMERY COUNTY Address: NORRISTOWN, PA 19404 (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Field Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

S [Redacted] Enter Current Date 4/27/11

ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

NEWCOMER

FIRST NAME

PHILIP

MI SUFFIX  
W



IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A CHIEF OF LITIGATION  hold  held  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: County of Montgomery Address: P.O. Box 311  
Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/29/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: NELSON FIRST NAME: STEVEN MI: L SUFFIX:

02 ADDRESS: PO Box 311 NORRISTOWN PA State: PA Zip Code: 19104

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 filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DIRECTOR OF POLICY  seeking  hold  held

B MEMBER WIB  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B COUNTY OF MONTGOMERY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): BUREAUCRAT

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: DISCOVER BANK Address: PO Box 6103 SALT LAKE CITY UT

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: COUNTY OF MONTGOMERY Address: PO Box 311 NORRISTOWN PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_ Relationship: \_\_\_\_\_

Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

OFFICE OF THE CLERK OF THE SUPERIOR COURT  
 MONTGOMERY COUNTY  
 RECEIVED  
 2011 MAR 17 10:11 AM

Enter Current Date: 2/28/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N I C H O L S O N B R U C E A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A S O L I C I T O R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A R e d e v e l o p m e n t A u t h o r i t y o f

B M o n t g o m e r y C o u n t y

06 OCCUPATION OR PROFESSION (This may be the same as block 4) a H o r n e y

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

N O N E

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: F i r s t N i a g a r a B a n k Address: Y o r k / M o r e l a n d R d H a t b o r o P a 1 9 0 4 0

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: D u f f y N o r t h W i l s o n M o m a r & N i c h o l s o n L L P Address: 1 0 4 N Y o r k R d H a t b o r o P a 1 9 0 4 0

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Secretary 1 0 4 N Y o r k R d

Name: D u f f y N o r t h A b s t r a c t I n c Address: H a t b o r o P a 1 9 0 4 0 Position Held Secretary

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 D u f f y N o r t h W i l s o n M o m a r & N i c h o l s o n L L P 1 0 4 N Y o r k R d

D u f f y N o r t h A b s t r a c t I n c H a t b o r o P a 1 9 0 4 0 Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 2-16-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N I L S E N R I C H A R D J J R

02 ADDRESS City State Zip Code

P.O. BOX 311 NORRISTOWN PA 19104

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 filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSISTANT DISTRICT ATTORNEY 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY DESALES UNIVERSITY Address: P.O. BOX 311, NORRISTOWN PA 19104 2155 STATION AVE, CENTER VALLEY PA 15014

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description of gift):

Value of Gift: 2011 APR 29 PD 2 23

RECEIVED OFFICE OF THE STATE ETHICS COMMISSION

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: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/28/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MDONAN THOMAS J

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B PARKHOUSE PROVIDENCE POINTE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) CHIEF FINANCIAL OFFICER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/2/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME MUGENT FIRST NAME JOHN MI F SUFFIX III

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A MEMBER  seeking  hold  held

B EXECUTIVE DIRECTOR  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A HOUSING AUTHORITY OF MONT CO

B REDEVELOPMENT AUTH OF MONT CO

06 OCCUPATION OR PROFESSION (This may be the same as block 4) EXECUTIVE DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 2-23-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

OLSZEWSKI CAROL J



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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDIT MANAGER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

INTERNAL AUDIT MANAGER 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: COUNTY OF MONTGOMERY Address: NORRISTOWN, PA.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 1/11/11

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

OLSZENSKI JOANNE C

NOTE: IF YOU ARE INCLUDING AN AFFIDAVIT OF SOLE FIDELITY, YOU MUST INCLUDE AFFIDAVIT THAT DECLARES YOUR SOCIAL SECURITY NUMBER OR FINANCIAL INTERESTS.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A JURY COMMISSIONER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

JURY Commissioner

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: ALLY (CHEVROLET CREDIT GM) Address: P.O. BOX 78234 PHOENIX AZ

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

1 Montgomery County P.O. Box 311 Norristown PA 19404

2 Cisco's Bar + Grill 1538 Bethlehem Pl. Flourtown PA 19031

3 UBS Financial Services 1735 Market St PHILA PA 19103

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification 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. Enter Current Date 3/25/11

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

O'Neil / Alec M

02 ADDRESS City State Zip Code

PO Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A Assistant District Attorney

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Federal Direct Loans Address: Dept of Ed, Washington, DC Interest Rate: 6.25%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery Co. PA Address: PO Box 311 Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

OFFICE OF VOTER SERVICES MONTGOMERY CO PA

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 4/12/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

P A L E R M O M I C H A E L J

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A R E A L E S T A T E T A X A S S E S S O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Real Estate Tax Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Value of Gift

Address of Source of Gift: Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

RECEIVED  
2011 MAR 30 P 2:51  
OFFICE OF VOTER SERVICES  
MONTG. CO. PA

Enter Current Date 3/4/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Potere Tracey L

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Montgomery County DA's Office

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ADA Attorney

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.

Name: 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.

Name: Montgomery County PA Address: B.O Box 311  
NORMSDEN PA 19404-0311

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/24/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
Passarella Joseph R

02 ADDRESS City State Zip Code  
P.O. Box 311, Norristown, PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director of Water Services  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Director of Water Services 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: P.O. Box 311, Norristown, PA 19404

OFFICIAL USE ONLY  
2011 APR 28 P 3:51  
RECEIVED  
OFFICE OF THE CLERK OF THE SUPERIOR COURT  
MONROE CO. PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name): Interest Held Relationship Date Transferred:

The undersigned hereby certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: Enter Current Date: 4/28/11

THIS FORM IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PHILFER KATHY L

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  ~~old~~ held

A DIRECTOR HOUSING & COMM DEVEL

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

DIR. HOUSING & COMMUNITY DEVELOPMNT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address: COURT HOUSE NORRISTOWN PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 02/25/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PRICE JOAN

02 ADDRESS City State Zip Code

Montgomery City Courthouse, P.O. Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A SOLICITOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A BOARD OF ASSESSMENT APPEALS

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Attorney 2010

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: 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: Montgomery County Address: Same as Above

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/7/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PROYSE STEPHEN A

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MONTG. TWP SUPERVISOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTG. COUNTY TRANS AUTHORITY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Elect. Rep + Cont.

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Self Employed Address: Same

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

Stephen A Proysi

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-8-11

THIS FORM IS NOT VALID UNLESS THE CHECK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

QUIGG MATTHEW W

02 ADDRESS City State Zip Code

Montgomery County Courthouse Narristown 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 filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A DISTRICT ATTORNEY'S OFFICE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2010

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: 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: Montgomery County Address: Narristown, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/28/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY CHECK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

RAQUET MAUREEN G

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B MEMBER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY YOUTH CTR

B PCCD/JJDPC

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

EXECUTIVE DIRECTOR, MONTGOMERY CT Y.C. 2010

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: ALL FINANCIAL CITIZEN'S BANK Address: P.O. BOX 200, DETROIT, MICH 48201 PITTSBURGH, PA.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY WEST CHESTER UNIVERSITY Address: SWEDE + AIRY STS, ROSDALE AVE, WEST CHESTER, PA.

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity (Name and Address) Name Address Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-4-11

IF THIS STATEMENT ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **RIEFSNYDER** FIRST NAME **NICHOLAS** MI **J** SUFFIX

02 ADDRESS **PO Box 311** City **NORRISTOWN** State **PA** Zip Code **19404**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **ASSISTANT DISTRICT ATTORNEY**

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY PA**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Assistant District Attorney**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: **Federal Stafford Loan** Address: Interest Rate **variable**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: **Montgomery County PA** Address: **P.O. Box 311**  
**Norristown PA 19404**

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

**RECEIVED**

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: **[Redacted]** Enter Current Date **4/28/11**



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: R H O A D S      FIRST NAME: A D A M      MI: D      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.

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

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)     Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A RESIDENTIAL ASSESSOR

B \_\_\_\_\_

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Residential Assessor

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_

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): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

Interest Held Relationship Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1709(b).

Signature: \_\_\_\_\_ Enter Current Date: 3/4/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
RICCA KAREN G MS

02 ADDRESS P.O. Box 311 Norristown PA 19384

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held  
A ASSISTANT DISTRICT ATTORNEY  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A MONTGOMERY COUNTY, PA  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTANT DISTRICT ATTORNEY  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Acura Financial (car loan) Address: 70 Box 7829 Philadelphia PA 19101 Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)  
Name: Montgomery County PA Address: P.O. Box 311 Norristown PA 19384

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift  
Address of Source of Gift  
Value 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)  
Name: 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.   
Business (Name and Address)  
Transferee (Name and Address)  
Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/9/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

R I C C I A L F R E D J J R

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A C T I N G S H E R I F F  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) CHIEF DEPUTY / ACTING SHERIFF

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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 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 BORO OF NORRISTOWN PENSION Address 235 E. PITY ST. NORRISTOWN

COUNTY OF MONTGOMERY SALARY Pa Post 311 NORRISTOWN, PA.

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/4/11

MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: R I C H M A N  
 FIRST NAME: B R A D F O R D  
 MI: A SUFFIX: [ ]

02 ADDRESS: P O B O X 311  
 City: N O R R I S T O W N  
 State: P A Zip Code: 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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 amending as a solicitor  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  
 seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y  
 B [ ]

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 2 0 1 0

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: SEE ATTACHED SUPPLEMENTAL PAGE  
 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.  (OFFICIAL USE ONLY)

Name: SEE ATTACHED SUPPLEMENTAL PAGE  
 Address: [ ]

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [ ] Value of Gift: [ ]  
 Address of Source of Gift: [ ] Circumstances (including description of Gift): [ ]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [ ] Value: [ ]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business: [ ] Interest Held: [ ]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [ ] Interest Held: [ ]  
 Transferee (Name and Address): [ ] Relationship: [ ]  
 Date Transferred: [ ]

The undersigned hereby affirms that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by law and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/27/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2010  
STATEMENT OF FINANCIAL INTERESTS  
SUPPLEMENTAL PAGE**

**RICHMAN, BRADFORD A.  
Montgomery County Courthouse – 4<sup>th</sup> Floor  
Swede & Airy Sts.  
Norristown, PA 19404  
610-278-3100**

**09 CREDITORS:**

<b>Firstrust Saving Bank</b>	<b>Philadelphia, PA</b>	<b>Various</b>
<b>Mr. &amp; Mrs. Ross Born</b>	<b>Bethlehem, PA 18017</b>	<b>0%</b>
<b>Mr. &amp; Mrs. Barry Halper</b>	<b>Allentown, PA</b>	<b>0%</b>
<b>Saligman Middle School</b>	<b>Elkins Park, PA</b>	<b>0%</b>
<b>Jewish Theological Seminary</b>	<b>New York, NY</b>	<b>0%</b>

**10 DIRECT OR INDIRECT SOURCES OF INCOME:**

<b>County of Montgomery</b>	<b>Norristown, PA</b>
<b>City of Philadelphia Law Department</b>	<b>Philadelphia, PA</b>

**RECEIVED**  
2011 APR 29 P 2:24  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** RIMEL **FIRST NAME** WILLIAM **MI** P **SUFFIX**

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     Check this block if you are amending an original filing

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) **seeking**  **hold**  **held**

A MEMBER

B  **seeking**  **hold**  **held**

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY HEALTH AND

B HIGHER EDUCATION AUTHORITY

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) SELF EMPLOYED

07 **YEAR** The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: 2010

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: \_\_\_\_\_

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: SOCIAL SECURITY Address: \_\_\_\_\_

AFLAC

RECEIVED  
 2011 APR 25 P. 12:21  
 OFFICE OF THE CLERK OF THE SUPERIOR COURT  
 MONTGOMERY COUNTY, PA.

11 **GIFTS** (See instructions on page 2) If **NONE**, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) If **NONE**, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

\_\_\_\_\_

13 **OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS** (See instructions on page 2) If **NONE**, check this box.

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instructions on page 2) If **NONE**, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the information provided on this form is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig: \_\_\_\_\_ Enter Current Date 12-17-2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME RITCHIE FIRST NAME PATRICIA MI A SUFFIX

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A AUDIT DEPUTY CONTROLLER

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A AUDIT DEPUTY CONTROLLER

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) INTERNAL AUDIT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: COUNTY OF MONTGOMERY PA Address: PO BOX 311

CONTROLLERS OFFICE NORRISTOWN PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift

Circumstances (including destination) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information furnished herein is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §109(b).

Signature: [Redacted] Enter Current Date: 4/14/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: R U T K O W S K I  
 FIRST NAME: J O S E P H  
 MI:   
 SUFFIX:   
 [Redacted]

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Real Estate Assessor seeking  hold  held  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Real Estate Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: 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: Montgomery County Address: Courthouse P.O. Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:

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: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3.4.11

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SANDO MICHAEL P

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Real Estate Assessor 2010

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: 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: County of Montgomery Address: 1 Montgomery Plaza Ste 301 Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/4/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S C H A D D L E R N A T H A N J

02 ADDRESS City State Zip Code

PO Box 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSISTANT DISTRICT ATTORNEY 2010

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: AMERICAN BUCKLEBROOK SERVICES DIFFERENT LOANS Address: PO Box 2461 HARRISBURG PA 17105 Interest Rate: 1.75/3.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY DISTRICT ATTORNEYS OFFICE Address: PO Box 311 NORRISTOWN PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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 Address Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned, [redacted], certifies that to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 4/27/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S C H A F F E R D O N N A m

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A R E S I D E N T I A L A S S E S S O R  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O B O A R D O F A S S M R

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) RESIDENTIAL ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Bank of America Address: ? Interest Rate: 8%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held: Relationship: Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig: [Redacted] Enter Current Date: 3/4/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
SCHAIBLE RANDALL K

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  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held   
A BOARD MEMBER  seeking  hold  held  
B CHIEF FINANCIAL OFFICER

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 WASTE AUTH EAST MONTGOMERY CTY  
B COUNTY OF MONTGOMERY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Chief Financial Officer  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)  
Name: County of Montgomery Address: One Montgomery Plaza Suite 800, Norristown, PA 19384

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Address of Source of Gift: Circumstances (including Distribution) of Gift: Value of Gift: \$

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): Value: \$

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).  
Sign: Enter Current Date: 1/21/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHNEIDER ELEANOR G

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A DIRECTOR HUMAN RESOURCES

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COMMISSIONER LOWER MORELAND

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Director, Human Resources 2010

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: Ford Credit, Pittsburgh, PA 0%  
AT&T Universal, Columbus OH 24.99

Address: Amex Newark NJ 1524  
FIA Wilmington DEL 27.99 Discover NY 27.99

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: County of Montgomery  
Lower Moreland Twp

Address: PO Box 311 Norristown PA 19384  
400 Red Lion Rd Hunt. Uly PA 19026

OFFICE OF THE CLERK OF THE SUPERIOR COURT  
 MONTGOMERY COUNTY  
 RECEIVED  
 2011 APR 18 PM 3:53

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig: [Redacted] Enter Current Date 4/18/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHUDA FRANCES E

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A ASST ADMIN, DIR. OF NURSING

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PARKHOUSE, PROVIDENCE POINTE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

RN 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: BURNS, WHITE, ESQ SHRAGER, SPINEY & SACHS Address: CONSTITUTION, PA PHILA, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/3/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H A C K L E T T J A M E S H III

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A B O A R D M E M B E R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C T Y H I G H E R E D & H E A L T H A U T H .

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Chief Executive Officer

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: National Label Co. Address: 2025 Joshua Rd., Lafayette Hill, PA 19444

Delaware Valley Reg. Finance Auth.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: National Label Xompany Address: 2025 Joshua Rd., Lafayette Hill, PA 19444 Chief Exec. Off.

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

National Label Co., 2025 Joshua Rd., Lafayette Hill, PA 19444 19.23%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned certifies that the information provided is true and correct to the best of his/her knowledge, information and belief, said affirmation being made subject to the provisions of the Public Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/19/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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 Rod  
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, GP LLC 50%  
511 Germantown Pike  
Lafayette Hill, PA 19444

1128 Realty Investments, LP 49.50%  
511 Germantown Pike  
Lafayette Hill, PA 19444

Eagle Machine 50%  
2025 Joshua Road  
Lafayette Hill, PA 19444

Eagle Realty Holdings, LP 24.75%  
2025 Joshua Road  
Lafayette Hill, PA 19444

Eagle Realty Holdings GP, LLC 25%  
2025 Joshua Road  
Lafayette Hill, PA 19444

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2011 APR 25 P 12:21

RECEIVED



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 SHARKEY DENNIS J.

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.

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER BD. OF ASSBSMNT

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MAYOR NABERTH BOROUGH

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

SAMB

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 3-4-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H I E L D S M I C H A E L C

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.

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT COUNTY SOLICITOR

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PENNSYLVANIA

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ATTORNEY 2011

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County West Conshohocken Law Practice (see #13)

Address: NORRISTOWN PA W. Conshohocken PA 28 W AIRY ST NORRISTOWN PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: LAW OFFICE OF MICHAEL SHELDON Address: 28 W AIRY ST NORRISTOWN PA OWNER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

See #13

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State Election Code (Act 77 of 1968) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/29/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
SIBBLEY SCOTT W

02 ADDRESS City State Zip Code Area Code Phone

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  
B  Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held  
A SEE ATTACHED LIST  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A SEE ATTACHED LIST  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) TRANSPORTATION ENGINEER  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: SEE ATTACHED LIST Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  
Name: GANNETT FLEMING, INC Address: P.O. Box 67100, HARRISBURG, PA 17106

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Name: GANNETT FLEMING, INC. Address: Box 67100, HARRISBURG, PA 17106 Position Held: VICE PRESIDENT, PARTNER, MANAGER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Signature] Enter Current Date 03-05-11

**Scott Sibley**  
**Statement of Financial Interests**  
**2010**

**Box 04 Public Position or Public Office**

- A Township Supervisor – Seeking
- B Board of Directors – Hold
- C Board of Directors – Hold

**Box 05 Governmental Entity**

- A Upper Merion Township
- B Montgomery County Conservation District
- C Montgomery County Transportation Authority

**Box 09 Creditors**

Gannett Fleming Investment Corp.  
PO Box 67100  
Harrisburg, PA 17106-7100  
2.96% and 4.01%

American Education Services  
PO Box 2461  
Harrisburg, PA 17130-0001  
4.25% and 8.25%

Fed Loan Servicing  
PO Box 69184  
Harrisburg, PA 17106-9184  
8.5%

Chase - Cardmember Services  
PO Box 15298  
Wilmington, DE 19850-5298  
4.99% and 2.99%

AT&T Universal - Cardmember Services  
PO Box 44167  
Jacksonville, FL 32231-4167  
5.99% and 4.99%

Sallie Mae  
PO Box 9500  
Wilkes-Barre, PA 18773-9500  
2.875%

Toyota Motor Credit Corp  
PO Box 105386  
Atlanta, GA 30348  
2.9%

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2011 MAR 17 P 12:36  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S I E W E R T H E R M A N A

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.

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COMMERCIAL ASSESSOR / SUPERVISOR

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY BOARD OF

B ASSESSMENT APPEALS

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

COMMERCIAL ASSESSOR SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: C-21 ALLIANCE R.E. 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.

Name: C-21 ALLIANCE R.E. Address: 762 E. MAIN ST LANSDALE PA 19446

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description of gift)

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

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: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 3/7/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SILVERMAN ABIGAIL J

02 ADDRESS City State Zip Code

PO Box 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: AMERICAN HERITAGE FEDERAL CREDIT UNION Address: EAST NORRITON, PA

Interest Rate: 1.71

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY, PA Address: PO Box 311 NORRISTOWN, PA 19404-0311

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: 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.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 42 Pa.C.S. §1104 (penalties for furnishing false information to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 3/14/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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2011 APR 29 10 24  
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VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

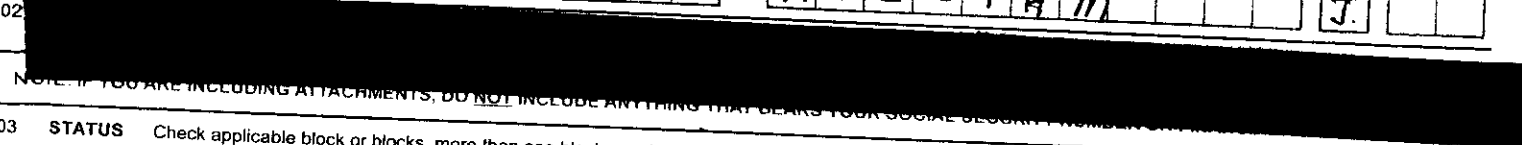
01 LAST NAME

S M Y T H

FIRST NAME

W I L L I A M

MI SUFFIX  
J



03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A RESIDENTIAL ASSESSOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A BOARD OF ASSESSMENT MONTGOMERY  
B COUNTY PA

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Residential Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2010

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:

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: Board of Assessment Court House  
Address: Montgomery County

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  
Address of Source of Gift

Circumstances (including description) of Gift

2011 MAR 30 P 2 52  
RECEIVED  
OFFICE OF THE STATE ETHICS COMMISSION  
MONTGOMERY COUNTY PA

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: Address:

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date 3/7/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **SNYDER** FIRST NAME **FRANK** MI **T** SUFFIX

02 ADDRESS **P.O. Box 311** City **Norristown** State **PA** Zip Code **19380** An [REDACTED]

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 filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **CHIEF PROCUREMENT OFFICER**

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)

A **JUDGE OF ELECTIONS**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Same**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: **St. John's Lull Church** Address: **Phoenixville PA**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date **3/1/11**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

S p e e r s

FIRST NAME

T h o m a s

MI SUFFIX

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S o l i c i t o r

B S o l i c i t o r

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A P l y m o u t h T W P C I V I L S E R V I C E

B M O N T G O M E R Y C O S H E R I F F

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2 0 1 0

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: See attached

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.

Name: Law Firm

Address: 651 West Germantown Pike, Plymouth Meeting, PA

Partnership-651 West Germantown Pike

651 West Germantown Pike, Plymouth Meeting, PA

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description of Gift)

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name:

Address:

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Law Firm (and building) 651 West Germantown Pike, Plymouth Meeting

Interest Held

owner (partner)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held

Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

4/29/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Thomas J. Speers List of Creditors

Name	Address	Interest Rate
VIST Bank	P.O. Box 741 Leesport, PA 19533	3.2500
Bank of America	P.O. Box 560576 Dallas, TX 75256-0576	7.0000
VIST Bank	P.O. Box 741 Leesport, PA 19533	5.0000
AAA Financial Services	P.O. Box 15019 Wilmington, DE 19886-5019	9.0000
Chase Bank	Card Services P.O. Box 15298 Wilmington, DE 19850	

**RECEIVED**  
 2011 APR 29 P 1:41  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: S Q U I L L A C E

FIRST NAME: F L O R E N C E

MI: A SUFFIX: [ ]

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

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A CHIEF ASSESSOR seeking  hold held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B [ ]

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
CHIEF ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_ 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: MONTGOMERY COUNTY Address: COURT HOUSE  
PO BOX 311 NORRISTOWN PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

Value of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_

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: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Transferee (Name and Address): \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/7/2011

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

STAEK JAMES W

02 ADDRESS City State Zip Code

P.O. Box 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: 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: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404-0311

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):

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: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby certifies that the foregoing is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Commission and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4-26-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: S T E E L E      FIRST NAME: K E V I N      MI: R      SUFFIX:

02 ADDRESS: P. O. BOX 311      City: NORRISTOWN      State: PA      Zip Code: 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in)      C  Public Official (Current)      D  Public Employee (Current)      E  Check this block if you are filing as a solicitor

B  Nominee      C  Public Official (Former)      D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking       hold       held

A I S T A S S I S T A N T      D I S T R I C T      A T T O R N E Y

seeking       hold       held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A D I S T R I C T      A T T O R N E Y

06 OCCUPATION OR PROFESSION (This may be the same as block 4): PROSECUTOR

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 0

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: SEE ADDENDUM      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.

Name: MONTGOMERY COUNTY      Address: NORRISTOWN, PA

CABRINI COLLEGE      RADNOR, PA

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift:      Value of Gift:

Address of Source of Gift:      Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address): SEE ADDENDUM      Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity (Name and Address): SEE ADDENDUM      Address:      Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.

Name and Address of Business:      Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address):      Interest Held Relationship Date Transferred:

Transferee (Name and Address):

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted]      Enter Current Date: 4/29/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**ADDENDUM**

**Statement of Financial Interests  
Kevin R. Steele  
2011**

9. CREDITORS

<u>Creditor</u>	<u>Interest Rate</u>
American Express	15.24%
Bank of America	15.99%
Acura Financial Services	4.9%

10. SOURCES OF INCOME

<u>Source Income</u>	<u>Address</u>
County of Montgomery	Norristown, PA
Cabrini College	Radnor, PA

11. GIFTS

<u>Source</u>	<u>Address</u>	<u>Value</u>	<u>Circumstances</u>
None			

12. TRANSPORTATION, HOSPITALITY, LODGING

<u>Source</u>	<u>Address</u>	<u>Value</u>
PA DA Assn.	Harrisburg, PA	Unknown

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

<u>Entity</u>	<u>Position Held</u>
Penn Wynne/Overbrook Hills Fire Department	Vice-President
Penn State-Dickinson General Alumni Association	Board of Directors
Penn State Alumni Association	Council Member

RECEIVED  
2011 APR 29 P 2:25  
OFFICE OF  
VOTER SERVICES  
MONTG CO PA

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
Stephens William T

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  
B Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  
A Member seeking  hold held  
B Assistant District Attorney seeking hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A PA House of Representatives  
B Montgomery County

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
State Representative  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Bank of America, Citibank  
Address: PO Box 15019, Wilmington, DE; PO Box 2461, Harrisburg, PA; 100 Citibank Dr., San Antonio, TX  
Interest Rate: 9.98%, 6.25%, 15.94%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block.  
Name: Montgomery County Spotlight DS's, Law Offices of Todd Stephens, LLC, Comm. of PA  
Address: PO Box 311, Harrisburg, PA; 644 Colonial Dr., Harrisburg, PA; PO Box 125, Horsham, PA 19044, Harrisburg, PA 17120  
(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift  
Address of Source of Gift  
Circumstances (including restriction) of Gift  
Value of Gift  
RECEIVED  
2011 APR 28 A 4:59 PM  
VOTER SERVICES  
MONTG. CO. PA

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: Spotlight DS's, Law Office of Todd Stephens, LLC  
Address: 644 Colonial Drive, Horsham, PA; PO Box 125, Horsham, PA  
Position Held: President, Principal

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  
Spotlight DS's, Law Office of Todd Stephens  
644 Colonial Drive, Horsham, PA 19044  
PO Box 125, Horsham, PA 19044  
Interest Held: 100%, 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address)  
Transferee (Name and Address)  
Interest Held  
Relationship  
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of the person's knowledge, information and belief, said affirmation being made subject to the penalty of perjury under the provisions of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

Enter Current Date: 4/26/11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Stephens FIRST NAME William MI T SUFFIX

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A Candidate (including write-in)
- B Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D Public Employee (Current)
- D  Public Employee (Former)
- E Check this block if you are filing as a solicitor

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A Member

B Assistant District Attorney

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PA House of Representatives

B Montgomery County

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

State Representative

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

RECEIVED  
2011 APR 28  
11:11 AM  
STATE ETHICS COMMISSION

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: Bank of America Address: PO Box 15019, Wilmington, DE Interest Rate: 9.90%  
citibank Address: PO Box 2461, Harrisburg, PA 15.99%  
100 Citibank Dr. San Antonio, TX

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: Montgomery County Address: PO Box 311, Harrisburg, PA  
Spotlight DS's Address: 644 Colonial Dr, Horsham, PA  
Law Office of Todd Stephens, LLC Address: PO Box 125 Horsham, PA 19044  
Comm. of PA Address: Harrisburg, PA 17120

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_  
Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): Spotlight DS's Address: 644 Colonial Drive Horsham, PA Position Held: President  
Name: Law Office of Todd Stephens, LLC Address: PO Box 125 Horsham, PA Position Held: Principal

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: Spotlight DS's 644 Colonial Drive Horsham, PA 19044 Interest Held: 100%  
Law Office of Todd Stephens PO Box 125 Horsham, PA 19044 Interest Held: 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_  
Transferee (Name and Address): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date Transferred: \_\_\_\_\_

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa C.S. §1109(b).

Signature: \_\_\_\_\_

Enter Current Date: 4/26/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 **LAST NAME** STEVENS **FIRST NAME** NANCY **MI** B **SUFFIX**

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

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)     Check this block if you are amending an original filing

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A   seeking  hold  held

B   seeking  hold  held

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PENNSYLVANIA STATE UNIV COOPERATIVE EXT.

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) EXTENSION EDUCATOR

07 **YEAR** The information in blocks 8 through 15 below represents financial interests for the **PRIOR** calendar year indicated: 2011

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: \_\_\_\_\_

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF **NONE**, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 **GIFTS** (See instructions on page 2) If **NONE**, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) If **NONE**, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 **OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS** (See instructions on page 2) If **NONE**, check this box.

Business Entity (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.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instructions on page 2) If **NONE**, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by law (relating to perjury and false statements) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/9/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

STOKES MICHAEL M

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.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DIRECTOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PLANNING

B COMMISSION

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.

2011

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Access to Information Act, 51 Pa.C.S. § 1103(a) and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 2/28/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S	T	R	E	T	T	O	N	S	A	M	U	E	L	C	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S O L I C I T O R , C O N T R O L L E R O F

MONTGOMERY COUNTY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A C O N T R O L L E R O F M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Lawyer 2 0 1 0

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: American Express Address: P.O. Box 1271  
(See attached for additional) Newark, NJ 07101-1238

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box

Name: Samuel C. Stretton, Attorney Address: 301 S. High St., POB 3231  
(See attached for additional) West Chester, PA 19381-3231

RECEIVED  
 APR 14 12 31  
 OFFICE OF THE  
 STATE ETHICS COMMISSION

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held Board  
Self Help Movement, Inc. 2600 Southampton Rd. Member & Solicitor  
Name: Board of Directors Address: Philadelphia, PA 19116

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date April 12, 2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

#09 CREDITORS

Purchase Power  
P.O. Box 371874  
Pittsburg, PA  
Interest Rate: 22%

AT&T  
P.O. Box 6500  
Sioux Falls, SD 57117  
Interest Rate: 29.99%

#10 DIRECT OR INDIRECT SOURCES OF INCOME

Solicitor for Prothonotary of Luzerne County  
Luzerne County Courthouse  
200 N. River Street  
Wilkes-Barre, PA 18711-1001

Solicitor for Controller of Montgomery County  
Montgomery County Courthouse  
Box 311  
Norristown, PA 19404-0311

Jean Stretton, Physician - Gateway Medical  
(wife)

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

2011 APR 14 P 12:37

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 STRUBEL REBECCA W

02 ADDRESS City State Zip Code  
 P.O. Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, 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:

Assitant District Attorney 2010

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: Access Group Student Loan Address: Interest Rate: 5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Montgomery County, PA Address: PO Box 311 Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description of Gift) 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: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Election Code (Act 77 of 1968) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/26/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S U L L I V A N T H O M A S M



NOTE: IF YOU ARE INCLUDING AN AFFIDAVIT OF DISINTEREST, YOU MUST 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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director of Public Safety

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Director of Public Safety 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

110 N. Duke Street, Lancaster, PA - sold in capacity of executor of father's estate

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned certifies that the 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 provided in the State Election Code (Act 77 of 1992), the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 21 April 2011

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME SULOCK FIRST NAME LINDA MI M SUFFIX

02 STREET ADDRESS (work or residence) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone \_\_\_\_\_  
COUNTY OF RESIDENCE \_\_\_\_\_

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check here if this is an amended form  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold  held

A \_\_\_\_\_  
 B \_\_\_\_\_

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)

A Montgomery County  
 B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 2nd Deputy Clerk of Courts 07 YEAR The information below represents financial interests for the PRIOR year. 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  None

09 CREDITORS (See instructions on page 2). If NONE, check this box.  None

10 DIRECT OR INDIRECT SOURCES OF INCOME (including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.

Source (Name and Address) Montgomery County Court House Normstown Pa 19040

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_  
 Address of Source of Gift \_\_\_\_\_ Reason for Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity \_\_\_\_\_ Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_  
 Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Date Transferred \_\_\_\_\_

The undersigned certifies that the foregoing information is true and correct to best of said persons knowledge, information and belief; said affirmation being made subject to the provisions of the Pennsylvania State Employees Ethics Act, 65 Pa.C.S. §1109(b).  
 Date 5-27-11

RECEIVED  
 2011 MAY 31 AM 11:07  
 OFFICE OF THE STATE ETHICS COMMISSION  
 VOTER SERVICE CENTER  
 MONTGOMERY COUNTY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Swift FIRST NAME Aretha MI    SUFFIX   

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Revitalization Coordinator

B Steering Committee member

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B Targeted Community Revitalization Committee

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Revitalization Coordinator

07 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: AES, MasterCard Address:   

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: P.O. Box 311, Norristown PA 19140

2011 APR 26 11:04 AM  
REGISTRATION 24970  
CURRENT 190  
(OFFICIAL USE ONLY)  
CURRENT 2009

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift    Value of Gift   

Address of Source of Gift    Circumstances (including description) of Gift   

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)    Value   

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (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.

Name and Address of Business    Interest Held   

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)    Interest Held Relationship Date Transferred   

Transferee (Name and Address)   

The undersigned hereby affirms that the information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature    Enter Current Date 4/21/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

T A X I S K A T H R Y N L

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY PUBLIC DEFENDER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PUBLIC DEFEND.

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

THIRD DEPUTY PUBLIC DEFENDER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Access to Information and Employee Ethics Act, 65 Pa.C.S. §1199(b).

RECEIVED  
2011 APR 27 AM 11:37  
OFFICE OF THE  
VOTER SERVICES  
MONTG. CO. PA.

4/26/11

Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: TETI FIRST NAME: NICHOLAS MI: A SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

Nominee  Public Official (Former)  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER-BOARD OF ASSESSMENT

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): BOARD-MEMBER

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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.

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: Nick Teti, Inc. Address: 2 Westhampton Way, Lansdale, PA 19446

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Nick Teti, Inc. Address: 2 Westhampton Way, Lansdale, PA 19446 Position Held: President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Nick Teti, Inc. 2 Westhampton Way, Lansdale, PA 19446 Interest Held: 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing is true to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 3/1/11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: THOMAS FIRST NAME: BRIAN MI: E SUFFIX:



NOTE: YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A  seeking  hold  held

B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

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: \_\_\_\_\_ 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: NONE Address: \_\_\_\_\_ (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

Value of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_

Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

Interest Held: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 3-4-11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: VANCE FIRST NAME: OSCAR MI: P SUFFIX: JR

02 ADDRESS: P.O. Box 311 NORRISTOWN PA. 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A CHIEF DETECTIVE  seeking  hold  held

B MONTGOMERY COUNTY DA'S OFFICE  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA.

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): CHIEF DETECTIVE

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: PA CENTRAL CREDIT UNION Address: 959 EAST PARK DRIVE HARRISBURG, PA 17111 Interest Rate: 12%

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: VANCE ENTERPRISES INC. Address: 411 OSCOLA BLVD ELKINS PARK PA 19027

Name: MONTGOMERY CO POLICE CHIEFS ASSOC. Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): ABINGTON MEMORIAL HOSP. 1000 OLD YORK RD SUP. (RETIRED SERVICE VOLUNTEER ABINGTON PA. 925 HARVEST DRIVE SUITE 200 BLUE BELL PA 19422

Name: \_\_\_\_\_ Position Held: TRUSTEE BOARD MEMBER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: VANCE ENTERPRISES INC 411 OSCOLA BLVD ELKINS PARK, PA 19027

Interest Held: OWNER 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: April 25, 2011

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

V E R E B

FIRST NAME

B E R N A D E T T E

MI SUFFIX  
W

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDITOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Internal Auditor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

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)

Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of the undersigned person's knowledge, information and belief; said affirmation being made subject to the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 1.11.11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WADSWORTH ELLEN G MS

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT ADMINISTRATOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant Administrator

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Parkhouse Address: 1600 Black Rock Road Royersford, PA 19468 Position Held: Assistant Administrator

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 18 Pa.C.S. §4004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 02/25/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **WALKO** FIRST NAME: **JOHN** MI: **F** SUFFIX: **IJ**

02 ADDRESS: **PO Box 311** City: **Norsistown** State: **PA** Zip Code: **19404**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **ASSISTANT DISTRICT ATTORNEY**

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Assistant District Attorney**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2010**

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: **Sallie Mae** Address: **PO Box 95 32 Wilkes-Barre PA** Interest Rate: **3.0% / 5.25%**

**ACS** → **PO Box 7060 Utica NY 13504-7060** **Dept of Education** **18773-8532** Interest Rate: **4%**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: **Montgomery County, PA** Address: **PO Box 311 Norsistown PA 19404-0311**

**Academy of the New Church** → **PO Box 707 Bryn Athyn PA 19002**

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

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: Position Held: Interest Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held: Relationship: Date Transferred:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held: Relationship: Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: **3/12/11**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WEATHERS FIRST NAME ROSEANNE MI    SUFFIX   



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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A OFFICE MANAGER  seeking  hold  held

B     seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B   

06 OCCUPATION OR PROFESSION (This may be the same as block 4) OFFICE MANAGER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:    Interest Rate:   

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: County of Montgomery Address: PO Box 311  
Nellisstown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift:    Value of Gift:   

Address of Source of Gift:    Circumstances (including description of Gift):   

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):    Value:   

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address):    Address:    Position Held:   

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business:    Interest Held:   

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address):    Interest Held Relationship:    Date Transferred:   

Transferee (Name and Address):   

RECEIVED  
MAR 30 P 252  
OFFICE OF  
VOTER SERVICES  
MONTG. CO PA

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature    Enter Current Date   

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WEISS ANN T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CLERK OF COURTS

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Clerk of Courts / Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

① Name: Montgomery County Address: Norristown, PA

② Name: Timoney Knox, LLP Address: Ft. Washington, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: See Attached Address: See Attached Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/7/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Ann Thornburg Weiss

Addendum to Statement of Financial Interest

# 13

Employment

- ① Montgomery County  
Norristown, PA
- ② Timoney Knox (Indep. Contractor)  
Ft. Washington, PA

Directorship

- ③ Community Ambulance of  
Ambler, PA  
(member Board of Directors)

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2011 MAR 27 A 9:27  
OFFICE OF  
VOTER SERVICES  
MONTGOMERY CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Whalley Jason W

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19104

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 filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County, PA

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: 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: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19104-0311

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Norristown Police Athletic League Address: Harding Blvd Norristown Position Held: Board Directors

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4-9-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY SECTION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

W H I T E S I D E

FIRST NAME

W I N S T O N

MI SUFFIX  
W II I

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A H O R S H A M C O U N C I L M E M B E R  seeking  hold  held

B 1<sup>st</sup> D E P U T Y M O N T C O R O D  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A H O R S H A M T W P

B M O N T G O M E R Y C O U N T Y

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

1<sup>st</sup> D E P U T Y - R O D

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2 0 1 0

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: \_\_\_\_\_ Interest Rate \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: H O R S H A M I T - 217 J E F F E R S O N A V E H O R S H A M P A  
Address: C O U N D O - 3412 C E N T R A L A V E O C N T

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_  
Address of Source of Gift \_\_\_\_\_  
Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: S A M E A S # 1 0 Address: \_\_\_\_\_ Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: H O R S H A M I T - 217 J E F F E R S O N A V E H O R S H A M , P A  
C O U N D O - 3412 C E N T R A L A V E , O C N T Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned \_\_\_\_\_  
to the penalties

and person's knowledge, information and belief; said affirmation being made subject to the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_

Enter Current Date 4-15-2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WHITSON FIRST NAME CONNIE MI R SUFFIX

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DEPT HEAD seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DEPT HEAD

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: \_\_\_\_\_ Interest Rate \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

Value of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_

Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_

Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W I C H N E R J O H N R

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A MEMBER  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g. dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY CO TRANSPORTATION AUTH

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

TRAFFIC CONSULTANT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: TRAFFIC PLANNING & DESIGN, INC. Address: 4647 SAUCON CREEK ROAD CENTER VALLEY PA 18034

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W I L L I A M S R O B E R T L J R

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  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A ~~MONTEGOMERY COUNTY HIGHER EDUCATION~~ seeking  hold  held

B ~~EDUCATION & HEALTH AUTHORITY~~

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 CO. HIGHER EDUCATION

B HEALTH AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) FUNERAL DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

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: UNIVEST BANK Address: SKIPPICK, PA

VOTERS STATE BOARD  
MONTGOMERY COUNTY, PA  
2011 APR 25  
RECEIVED  
OFFICIAL USE ONLY  
12:20

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: R.L. WILLIAMS JR, FUNERAL HOME, INC. Address: PO. BOX 667, SKIPPICK, PA

WILLIAMS-BERKEY KOPPEL FUNERAL HOME, INC. 667 HARLEYSVILLE PIKE, HARLEYSVILLE, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

R. L. WILLIAMS JR. FUNERAL HOME, INC. SKIPPICK, PA PRES.

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

SAME AS ABOVE 95%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Pennsylvania Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 1/30/2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.