PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY **FIRST NAME** SUFFIX 01 LAST NAME Zip Code **ADDRESS** City 02 10MISTOWN NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO <u>NOT</u> INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Public Employee (Current) εL C Public Official (Current) Check this block Candidate (including write-in) are amending if you are filing c L Public Employee (Former) an original filing Nominee Public Official (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held nold seeking heid 05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) В 06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate U.S. DEPARTMENT OF EDUCATION DIRECT LOANS 6,375% BOX 5609, GREENVILLE TX 75403 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Address GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including description) of Circumstances Address of Source of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Z_{m} Source (Name and Address) 出出 If NONE, check this box OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) 13 Business Entity (Name and Address) Ō Name: Address If NONE, check this box. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business Interest Held 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 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. prn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). **Enter Current Date** Sign ADERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. THIS MAKE A COPY FOR YOUR RECORDS.

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	PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932-
01	LAST NAME FIRST NAME	
	AHLBRANDT RONALD	MI SUFFIX
	ADDRESS WIGOMENY COUNTY COURTHOUSE I NORRISTOWN, PA 194	ode ,
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	B Nominee C Public Official (Former) D Public Employee (Former) as:	ou are filing are amending a solicitor an original filing
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10 <u>DI</u>	RECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE,	<u>of</u> 0 0/0
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

_	PLEASE PRINT NEATLY
01	FIRST NAME
_	AITCHISON JOHN W SUFFIX
02	City State Zip Code
_	TOOPETS TOWNS THE PROPERTY.
_	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) Check this
_	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator member Commissioner ich title ata)
Α	ASSISTANT DISTRICT ATTRE
	THE TOLNEY
В	
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Α	MONTGOMERY COUNTY, PA
В	
— 06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
1	the PRIOR calendar year indicated:
	45SISTANT DISTRICT ATTORNEY ZOIO
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, (OFFICIAL USE ONLY)
	Name: Montgowery County PA Address: P.D. Rax 311
11	GIFTS (See instructions on page 2) If NONE, check this box.
•	Source of Gift Value of Gift
	2012
	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.
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	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
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Business (Name and Address) Interest Held Transferee (Name and Address) Relationship
The L	Indersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation have made subject.
io the	penalties processing 19 Po C.S. \$4904 (unsuor foldification to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Sign: THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

	PLEASE PRINT NEATLY (177) 763-1610 FOLL FREE 1-800-932-0
01	LAST NAME FIRST NAME MI SUFFIX BEFFREY B
02	AC
	IOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this
_	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor continue. B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	ASSISTPMT DEPUTY SOLICITOR
В	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.)
Α	COUNTY OF MONTGOMERY
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
09	Name: Name: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Jeffrey B. Albert Address: 48 Outward Dr. Dreston 1900
11	GIFTS (See instructions on page 2) If NONE, check this box.
ſ	Source of Gift Value of Gift
L	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 🔀
٢	Source (Name and Address)
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	THIS Enter Current Date Completed. MAKE A COPY FOR YOUR RECORDS.
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4	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANT INJUGITHAT BEARS TOUR SOCIAL SECURITY NUMBER OR FIVANCIAL ACCOUNT NUMBERS.
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	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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_	Warden calendar year indicated: 2010
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: ATT Upiverse Credit Card Address 7.0, Box 182564, Columbs OH Interest Rate
	Cuti- American Express
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
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io the	undersigned hereby affirms that the foregoine information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject horities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
	Enter Current Date 4-27-2011
	THIS FORM'S CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME ΜI SUFFIX Phone NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) Lublic Employee (Current) block if you E Check this block are amending if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held hold held seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: SAME REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. NONE CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOTE: 10 (OFFICIAL USE ONLY) check this byock CC b Address GIFTS (See instructions on page 2) If NONE, check this box. U Source of Gift Value Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject

to the penal-

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

Enter Current Date

COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION **09**36

	PLEASE PRINT NEATLY STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL F	REE 1-800-932-0
01	01 LAST NAME FIRST NAME MI	SUFFIX
_	ANTONACIO MARK	
02	P.O. BOX 311 NORRISTOWN PA 19464	
^	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT	NOWBERS:
03	33 STATUS Check applicable block or blocks, more 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 B Nominee C Public Official (Current) D Public Employee (Current) if you are filing are	eck this ck if you amending original filing
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06	TOT TEAK THE INIOFMATION IN DIOCKS 8 through 15 below represents financial	interests for
1	ASSISTANT DISTRICT ATTORNEY the PRIOR calendar year indicated: 2010	
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10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.	ONLY)
	Name: MONTGOMERY COUNTY, PA Address: PO-BOX 31)	
	NORDEROWN, PA 194040317	
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COMMON WEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 FIRST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this Candidate (including write-in) C Public Official (Current) block if you E Check this block Public Employee (Current) if you are filing are amending В C Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: RANSPORTATION 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. DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE ONLY) check this block. Address GIFTS (See instructions on page 2) 11 If NONE, check this box. Value Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship 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 sification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties preso

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Litter Current Date .

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

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0:	02 ADDRESS P.O. Box 3/1 No.	rristo.	-)-0	State A	Zig Code	<u> </u>	
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04	04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Cor	mmissioner, jo	b title, etc.)	seeking 🔀	hold	held	
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Α	MONTGOMERY CO	1 1 . 1	T Y,	PA		Sicil, Cadily, Scribb	district, twp, etc.)
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06	6 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR The	information in blocks 8	through 15 belo	w represents finan	cial interests for
	Assistant District Attorne		the <u>F</u>	PRIOR calendar year in	dicated:	010	
80							<u> </u>
09	(Name and Address	s) If NONE,	heck this box.		· · · · · · · · · · · · · · · · · · ·		
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10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to			tions on pg. 2) ONLY IF	NONE,	(OFFICIAL U	SE ONLY)
	Name: Montgomery County, PA	Address:	0. Bo	x 311	his block.	3 77	
11	GIFTS (See instructions on page 2) If NONE, check this box.	Norr	15 Town	, PA 1940			
1.7_	Source of Gift			4		Nalue of Gift	
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12	Address of Source of Gift			Circumstances (including		0	<u> </u>
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on p Source (Name and Address)	age 2) If NO	NE, check this	box.	PS	Variue Variue	
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (Se Business Entity (Name and Address)	e instructions	on page 2) If N	IONE, check this box		Position Held	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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PENNSYLVANIA STATE ETHICS COMMISSION 0936

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80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	—
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	_
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	THIS FORM IS COPY FOR YOUR RECORDS.	
	(3 of 4)	

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 99th Street, Stone Harbor, NJ

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COMMONWEALTH OF PENNSYLVANIA SEC-1 BEV, 01/11

STATEMENT OF FINANCIAL INTERESTS

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03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor Check this block if you are filling as a solicitor
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The to th	e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Sign 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.

North Penn YMCA

10. DIRECT AND INDIRECT SOURCES OF INC	OME (Including, but not limited to employment.)
Name	Address
The Tucker Advisory Group, Inc.	10 Rock Spring Road, Chester Springs, PA 19425
Alexander J. Hoinsky, MBA, CPA	4 Your Host Circle, Cinnaminson, NJ
Michael J. Becker (husband)	1798 Meadow Glen Dr., Lansdale, PA 19446
Dividend & interest income from stocks, bonds a	nd other holdings held in account with:
Stifel Nicolaus & Co., Inc.	501 N. Broadway, St. Louis, MO 63102
AIG	P.O. Box 15648, Amarillo, TX 79105-5648
Rental Income from the following properties:	
611 Piedmont Court	Lansdale, PA 19446
2310 Lexington Court	Lansdale, PA 19446
211 Brunswick Court	Lansdale, PA 19446
138 Ardwick Court	Lansdale, PA 1944
152 Oberlin Terrace	Lansdale, PA 19446
7704 Ocean Drive	Avalon, NJ OFF T
15D 99 th Street	Stone Harbor, NJ
13. OFFICE, DIRECTORSHIP OR EMPLOYMENT	IN ANY BUSINESS

2506 N. Broad St., Colmar, PA 18915

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

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12-0936

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B seeking hold	held
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PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX **ADDRESS** 02 State Zip Code Bor wistown NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) ___ Check this C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing C Public Official (Former) D L Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: 8.00% 10 INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift m Address of Source of Giff ng destription) Figire Circumstances (includ TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box/ Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties pro the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Enter Current Date THIS FORM IS OF ASIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

PLEASE PRINT NEATLY

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01	LAST NAME FIRST NAME MI SUFFIX
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02	ADDRESS City State Zip Code Area Code Phone
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03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
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The u	ndersigned 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 penalties prescribed lic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
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	Signature Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A CORV FOR YOUR RECORDS

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

PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX 02 **ADDRESS** City Zip Code 19400 NORRISTOLON NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) Public Employee (Current) block if you Check this block are amending if you are filing Public Official (Former) → Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking hold held Seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: 10 Box 42000 PROVINCING PICAROR 15153 WilmIngton DE 1988C DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Name Montgomery Colony PA Address P.O. BOX 311 NORRISTOLEN GIFTS (See instructions on page 2) If NONE, check this box. THU. Source of Gift Щ Address of Source of Gift Circumstances (including description) of Gift U 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Heid Membe LAUREL HOUSE FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. interest Held /2 tena In common BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Relationship Transferee (Name and Address) Date Transferred The undersigned here and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties pres ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) **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	PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-09
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11 STATEMENT OF FIN PLEASE PRI		TS PEN	NSYLVANIA STATE ETHICS COMMISSION 717) 783-1610 • TOLL FREE 1-800-932-0936
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to the	undersigned hereby affirms that the foregoing information is true and correct to the best ne penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the	อเ รลเน person's knowledge, inforr Public Official and Employee Ethi	πατιοn and belief; sai ics Act, 65 Pa.C.S. §	id affirmation being made subject 1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-
01 LAST NAME FIRST NAME MI SUFFIX
BUNN
O2 ADDRESS P.O. Box 311 Narn3 frum PA 19464
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 an original filing
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 G R N E Y
seeking hold held
8
GOVERNMENTAL ENTITY in 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
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
Assistant District Attarney the PRIOR calendar year indicated: 20/0
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
O9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Access Group Address: P. S. Rox 7453 Interest Rate
Name: MCRSS Group Address: P. A. Bax 7450 Lilmington, DE 19803 1.875
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
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Norristaun, PA 19404-0371
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject.
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(3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A BOARD MEMBER	
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county,	
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Signature Enter Current Date 13-39	-10
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RE	CORDS

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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The	Transferee (Name and Address) Date Transferred ' undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject
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	AND PORTUGE CONSIDERED DEFICIENT IT AND DECOR ABOVE TO NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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HIS. THE CAMIEL GROUP — VICE PRESIDENT

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE - DIRECTOR

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) Check this C Public Official (Current) D D Public Employee (Current) block if you Check this block Nominee Public Official (Former) if you are filing D Public Employee (Former) are amending as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVE NOFFICIAL E ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Giff Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Position Heta FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Transferee (Nar Relationship The undersigned he Date Transferred person's knowledge, information and belief; said affirmation being made subject to the penalties pres Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

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Signate

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io thi	Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX C L R Α Κl Ε M C HAE 1 P 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block block if you B Nominee C Public Official (Former) if you are filing as a solicitor are amending D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) / hold held S О C T R seeking hold held 8 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 Ş Ε Ε C Н E D 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 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ۵9 O **芝州** Address TT. 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 DNLY) Name RUDOLPH, CLARKE & KIRK, LLC U Attess 18 NESHAMINY INTERPLEX, SUITE 215 Π TREVOSE, PA 19053 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 1 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held RUDOLPH, CLARKE & KIRK, LLC 8 NESHAMINY INTERPLEX, SUITE 215, TREVOSE, PA 190531 OFFICER Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held RUDOLPH, CLARKE & KIRK, LLC SHAREHOLDER BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest H

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)

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

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 **PLEASE PRINT NEATLY** 01 LAST NAME FIRST NAME SUFFIX **ADDRESS** State City Zip Code Ar P.O. BOx 311 19404 ľa. NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing C Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold ⇒ held seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 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: Public Relations Z 0 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NO PR ONLY) Eileen Corsoran Sulzer Conling GIFTS (See instructions on page 2) If NONE, check this box.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION δEC-1 REV. 01/11 (717) 783-1610 * TOLL FREE 1-800-932-0936 **PLEASE PRINT NEATLY** 01 LAST NAME FIRST NAME SUFFIX 02 **ADDRESS** City Zip Code POBOX 311 Norristown 19404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO <u>NOT</u> INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN<mark>ANCIAL ACC</mark>U STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) Public Employee (Current) E Check this block block if you are amending C Public Official (Former) if you are filing Public Employee (Former) as a solicitor an original fiting PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold seeking seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) O 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: ssistant District Altorney REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: US Dept of Education Address: POBOX 530260 Atlanta GA 30353 Interest Rate 5.875 / POBOX 9500 Wilkes-Barre PA 18778+3,25% DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Montgomery County, PA Po Box 311 Norristown, PA 19404-031 11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 市市 12 ₩elue Source (Name and Address) _0 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. k this box. 77 Business Entity (Name and Address) member of Board of Directors Outreach Corp. 7240 Walnut St. (9082 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)

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Boston College c/o Educational Computer Systems, Inc. [8] Montour Run Rd. Corgopolis, PA 15108 Interest Rate = 5%

Additional Creditor from

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX MI 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending C Public Official (Former) if you are filing as a solicitor D Public Employee (Former) an original fiting PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina seeking X hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 80 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVE 10 (OFFICIAL TISE ONLY) Name: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned best of said person's knowledge, information and belief; said affirmation being made subject to the penalties the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Enter Current Date

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX D E BIL S Ε E L Α N Ι E G 02 AD NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) __ Check this C Public Official (Current) D Nublic Employee (Current) E Check this block block if you C Public Official (Former) are amending D Public Employee (Former) if you are filing as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) S Т R seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) RKH U S E N U R N G OIM E В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below representations ents f**ranc**ial interests for NURSING HOME Administrator the PRIOR calendar year indicated Ot REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name: Management Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Name: Parkhouse (County Nursing Homes)ess: 1600 Black Rock Road Royersford, PA 19468 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY

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

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Name: Independence Blue Cross	1901 Market Street Philadelphia, PA 19103	Position Held Director
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Attachment to Statement of Financial Interests

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

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

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

13, Office, Directorship or Employment in Any Business

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

CETVED

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OFFICE OF VOTER SERVICES MONTG CO. P.A.

COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA STATE ETHICS COMMISSION

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV, 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX **ADDRESS** 02 tuwi NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D A Public Employee (Current) block if you E Check this block if you are filing are amending C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X hold held seeking 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.) OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 0 08 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. (OFFICIAL USE ONLY check this block. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift THE TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) 12 ST (If NONE, check this box. _**£**Zalue 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 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)

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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX ERMAN 2 1 V NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C-E Public Official (Current) D Public Employee (Current) block if you E L Check this block C Public Official (Former) if you are filing are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 🔀 hold heid 0 seeking 🗀 hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 M Ø E ð R OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for DISTRUT ATTORNEY the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 MELLOW BANK BORNET, WAUDINGADORES: NF FAMILY DEVEN, PULL MRABUE DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IPHONE (OFFICIAL USE ONLY) COUNTY OF MONTOSMERY, WARRYOUN 17 check this block Name: JAMMEY MONTGONORY SLOT, PAIN IN 丢 П 三中 ලිහිට් п GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift U. U Address of Source of Giff Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Bomb LATRE FOR MOTTON POR CHILDREN, BOTTO Position Held MCAP, BOMO FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this boxes 15 Business (Name and Address) interest Held

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME MI SUFFIX 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) E Check this block block if you Nominee C Public Official (Former) are amending if you are filing D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) imes hold seeking held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Ad MINISTrator rgator REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) 09 If NONE, check this box. Name: Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE 10 (OFFICIAL USE ONLY) check this block Name: Address GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Π \bigcirc Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value 4 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) The undersign Date Transferred o the best of said person's knowledge, information and belief; said affirmation being made subject to the penaltie s) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX ARR NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this C Public Official (Current) D Public Employee (Current) Check this block if you are filing block if you C Public Official (Former) are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking X hold S Ø seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 0 GOMERY

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	, and the second	5, Bill 116	· conc Onicia	and Employe	e ⊏inics Act, 65	Pa.C.S. §11	09(b).	•

Enter Current Date MARCH 29, 2011

IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY	
01 LAST NAME MI SUFI	IX
PRITER JORDAN S	
02 ADDRESS City State Zip Code P.O. Rox 311 Vari Stown PA 19404	
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ASSISTANT DISTRICT ATTORNEY	
Seeking hold held	
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Noccistown, PA 19404-0311	
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift	
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

	LAST NAME FIRST NAME MI SUFFIX
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_ /	MONTGOMERY County Courthouse City 1.0. Box 311 NEN Par 19404
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03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
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	Name: Montgomery County Address: Court House Ntn Pa. 19404
	Fitting Appraisals D.D. Box 1 Blooming Glen, Pa 189/1
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(3 of 4)

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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093&

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

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-093 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME МІ SUFFIX **ADDRESS** State Zip Code NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) Check this D Public Employee (Current) Check this block block if you B Nominee c L Public Official (Former) D Public Employee (Former) if you are filing are amending as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking A hold held seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 1/ነ OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page)2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) Sca Attachec check this block. Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift 2 Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Vicsidat. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) NY Winsward If NONE, check this box Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) Relationship The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject 1904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Signature K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

EXHIBIT A

BOX 9

NAME	ADDRESS	INTEREST RATE
Chrysler Financial	P.O. Box 9223 Famington 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%
J.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%

RECEIVED

2011 APR 29 P 2: 22

OFFICE OF
VOTER SERVICES

EXHIBIT B

BOX 10

NAME	ADDRESS
Montgomery County	P.O. Box 311 Norristown, PA 19404
Air Data Corporation	5595 NW 36 th Street Miami Springs, FL 33166
ARC Avionics Corporation	5595 NW 36rth 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.

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

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(3 of 4)

STATEMENT OF FINANCIAL

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 FINANCIAL
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 PLEASE PRINT NEATLY LAST NAME М SUFFIX El D NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held hold seeking В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Real Estate Assessor REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) GOLDSTEIN Address: 107 WOODSTREAM DR GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Gill Address of Source of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. **₩**lue Source (Name and Address) Π Π PYO U OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penal blic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date 3-7-11

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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)

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

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SI	JFFIX
JOHN DOWN	
O2 ADDRESS P.O. Box 31/ WNOPRISTOWN State P. Zip Code A	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NO	MBERS.
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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made to the penalties prescribed by 18 Pa C.S. §4904 (upsworp falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	subject
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Signature Signat	
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	PLEASE PRINT NEATLY	(717) 783-1610 • TOLL FREE 1-800-932-
O1 LAST NAME	FIRST NAME ROBERT	MI SUFFIX
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STATEMENT OF FINANCIAL INTERESTS

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

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- THEN TORK MEAL ESTATE DIVISION	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.	
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10 DIRECT OR INDIRECT SOURCES OF THE	
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11 GIFTS (See instructions on page 2) If NONE, check this box.	
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4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, of Name and Address of Business	check this box.
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Transferee (Name and Address)	Interest Held
ne undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information the penalties pre-	Relationship Date Transferred
Official and Employee Ethics	ation and belief; said affirmation being made subject s Act, 65 Pa.C.S. §1109(b).
Signat	2/1/2011
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAK	E A COPY FOR YOUR RECORDS
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STATEMENT OF	F FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
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BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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 es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b)
es) 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. MAKE A COPY FOR YOUR DESCRIPTION
(3 of 4)

10. DIRECT OR INDIRECT SOURCES OF INCOME

Merrill Lynch 717 5th Ave 7th Floor New York, NY 10022

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

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

USAA Life Insurance Co. 9800 Fredericksburg Road San Antonio, TX 78288

March 8, 2011



STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09

O1 LAST NAME	PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS CO (717) 783-1610 • TOLL FREE 1-80
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NOTE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE A STATUS Check applicable block or blocks, more than one block	ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBE	P OR FINANCIAL ACCOUNT
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	Address - ISNKIATONIA BOOK	Postion Held
Name and Address of Business	FIT (See instructions on page 8)	DUNER
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRODUCE LANCE ESD. 15	OI GREEN WOOD AND this box.	
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to authorities	to the best of said person's knowledge, information and belief; so and the Public Official and Employee Ethics Act, 65 Pa.C.S.	nsterred aid affirmation being mode
Signa	Employee Ethics Act, 65 Pa.C.S.	§1109(b).
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(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY	(717) 783-10	610 • TOLL FREE 1-800-932
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)	estructions on page 2) If NONE, check this	box. A	<u> </u>
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK	ABOVE IS NOT COMPLETED. MAI	Current Date 4-25. KE A COPY FOR YOUR REC	CORDS

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



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

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX HENDRICKSON ALICE V
O2 ADDRESS P.O. BOX 311 NORPISTOWN BLAY 19404 Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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MONTGOMERY COUNTY
BUPPER DUBLIN TOWNSHIP
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
O9 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE: — (OFFICIAL USE ONLY)
Name Address check this block.
11 GIFTS (See instructions on page 2) If NONE, check this box.
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Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity 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
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest field Relationship
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 (image) (image
Signature Current Date Co. (0.11
THUS A CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-090

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11	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: MONTG-OMERY COUNTY Address: PO BOX 3// NORRIS TO WN PA 19 489 Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	(OFFICIAL USE	ONLY)
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PENNSYLVANIA STATE ETHICS COMMISSION

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PENNSYLVANIA STATE ETHICS COMMISSION

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV, 01/11 (717) 783-1610 • TOL1 FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME ΜI SUFFIX HE R WIT NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURIT Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block are amending if you are filing Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking bold heid seeking hold 05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 0 0 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box. ΩR 09CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) Name: Sharry L Horoutz, Attorney at Law Address: III Presidential
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing are amending as a solicitor an original filing
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	check this block 1
	Name: MONTGOMERY COUNTY Address: COURT HOUSE BOX 311 NURRESTOWN -
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11	GIFTS (See instructions on page 2) If NONE, check this box.
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	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.
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Interest Held
The u	Transferee (Name and Address) Relationship Date Transferred
to the	Indersigned 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 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//1
	MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTERESTS

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PENNSYLVANIA STATE ETHICS COMMISSION

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** N SUFFIX 02 **ADDRESS** Zip Code 9404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCE Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block if you are filing Public Official (Former) are amending Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this black Value of Gift Circumstances (inclu ing description) of Giff. \mathcal{D}

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PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS COMMONWEALTH OF PENNSYLVANIA (717) 783-1610 • TOLL FREE 1-800-932-0936 SEC-1 REV. 01/11 PLEASE PRINT NEATLY SUFFIX FIRST NAME LAST NAME NNE E NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECU Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you ☐ Check this block C Public Official (Current) D Public Employee (Current) are amending if you are filing an original filing D Public Employee (Former) as a solicitor Public Official (Former) Nominee hold - held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold heid В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) the PRIOR calendar year indicated: Work Administration CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Address: Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONECO __(OFFICIAL USE ONLY) If NONE, check this box. GIFTS (See instructions on page 2) Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift Value If NONE, check this box. TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Interest Held Name and Address of Business

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

Business (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).

Enter Current Date ..

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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	OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Kerneth Klothen 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 19th 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 8th 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

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

PLEASE PRINT NEATLY

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٢	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO <u>NOT</u> INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBE
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ne i the	undersigned nereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subjections.
	ployee Ethics Act, 65 Pa.C.S. §1109(b).
	Enter Current Date 131/00
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PENNSYLVANIA STATE ETHICS COMMISSION -0936

	PLEASE PRINT NEATLY (717) 783-16104	TOLL FREE 1-800-932-
01	LAST NAME FIRST NAME	ML SUFFIX
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	vede + Airy Streets Norristown PA 19404	
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	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor	are amending an original filing
04 n	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
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в	seeking hold held	
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o th	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 all and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signat Enter Current Date JANMARY 19, 2011
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
	LARKIN JOHN E
02	State Zip Code /
	P.O. BOX 311 NORRISTOWN PA 19404 FOR 19404 FOR 19404
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	ASSISTANT DISTRICT ATTORNEY
	seeking hold held
В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp, etc.)
Α	MONTGOMERY COUNTYS PA
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
	ASSISTANT DISTRICT ATTORNEY 2010
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: 5ALLIE MAE Address: P.O. Box 9532 Interest Rate
	Name: SALLIE MAE Address: P.O. Box 9532 WILKES-BARRE PA 18773 Interest Rate COLO
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: MONTGOMERY COUNTY, PA Address: P.O. Box 311
	NORRISTOWN, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box.
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11	STATEMENT OF FINA		TS PENI	NSYLVANIA STATE ETHICS COMMISSIO 17) 783-1610 • TOLL FREE: 1-800-932-09
01 LAST NAME		FIRST NAME		MI SUFFIX
LATZER		STEVEN	J	
02 ADDRESS P.O. Box 311	City VP	ristown s	itate Zip Code	A
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id acron's knowledge, information and belief; said affirmation being made subject ial and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date _

The undersigned hereby affirms that the foregoing information is true and correct

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

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

	PLEASE PRINT NEATLY
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_	Levandoski Heather A
02	P.D. BOX 311 Norristan 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 criginal filing
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: Address: If NONE, check this box. Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Mantagement County Pa Address: P.O. B.X 311 (OFFICIAL USE ONLY)
_	Narristown, PG 19404-0311
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX P.O. BOX 311, NORRISTOWN, PA State Zip Code NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACC Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) block if you E Check this block are amending if you are filing D __ Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held held seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: O 80 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. If NONE, check this box. Acceptage 19612-6255 CREDITORS (See instructions on page 2). Creditor (Name and Address) Interest Bate Name: SOVEREIGN BANK 9.04 % P.O. BOX8141 COCKEYSVILLE, MD 21030 LY FINANCIAL OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) P.O. BOX311, NORRISTOWN, PA. 19404-03// Name: COUNTY OF MONTGOMERY

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV: 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME 01 FIRST NAME SUFFIX MI E R A 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 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you E L Check this block are amending if you are filing Nominee C Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking held В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ASSISTANT DA REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 80 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. DIRECT LOAN interest Rate Name: DIFECT LOANS Address US DEPT OF EDU. SERVICIAL CATP. 6.8% PO BOX 5609 CREENVILLE, TX 75403 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) Name: MONTCOMERY COUNTY, PA Address: PO Box 311 MORRISTOUN, 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 双力 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) \Box 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address FINANCIAL 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 INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties, thorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Sign Enter Current Date THISTORM VE IS NOT COMPLETED.

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME FIRST NAME** MI SUFFIX MASCARO PASQUALE N MŔ NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this Candidate (including write-in) C XX Public Official (Current) D ___ Public Employee (Current) block if you E L Check this block are amending C Public Official (Former) if you are filing D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 XX hold seeking held MEMBER MONTGOMERY COUNTY TRANSPORTATION AUTHORITY seeking hold MONTGOMERY COUNTY TRANSPORTATION AUTHORITY GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) COUNTY TRANSPORTATION AUTHORITY 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 President, Solid Waste Services, Inc. the PRIOR calendar year indicated: d/b/a J.P. Mascaro & Sons Ю REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. I A See Attached Sheet CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 <u> Name: Wells Fargo - Individual</u> 2240 Butler Pike Address: PA5409 Line of Credit Plymouth Meeting, PA 19462 ₹ 1.5% DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE 10 COPFICIAL USE ONLY) check this block. Name: See Attached Sheet Address: GIFTS (See instructions on page 2) If NONE, check this box. XX Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) လ်ပြ P**OSI**tion Name: See Attached Sheet Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this too Name and Address of Business $\frac{7}{2}$ រារ្ឌ**្គា**est He See Attached Sheet

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Transferee (Name and Address)

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Interest Held Relationship

Date Transferred

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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 on indirect income are Franconia Associates, M.B. Investments, Inc., F.R. Line, 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 GB.
A&M Composting, Inc.

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.

STATE ETHICS COMMISSION

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02 ADDRESS BOX 311 Norristo	State Zip Code	
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PENNSYLVANIA STATE ETHICS COMMISSION

SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME ΜI SUFFIX H M 0 Als NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS A Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) E Check this block block if you C Public Official (Former) are amending if you are filing D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04M hold seeking held seeking held hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for DEPUTY DISTRICT ATTORNEY the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. 09 CHARGOTTE, NO Name: BB+T (CAR LOAN) Address: P.O. BOX 580048, 28258 (STUPENT COANS APPROX. 7% DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: MONTGOMERY Address: P.O. BOX 311, NORRISTON, PA GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Transferee (Name and Address) 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 \$4904 (unsworn falsification to authorities) and the Rublic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFEX DODY NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS ☐ Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) E Check this block block if you are amending Public Official (Former) if you are filing as a solicitor D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 04 hold held hold seeking held held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp. oto.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) if NONE, check this box. Name: PLEASE SEE ATTACHED DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOT <u>(O</u>FFICIA) Name: PLEASE SEE ATTACHED GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty of th

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



COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX MI 02 **ADDRESS** NORRISTUWN Zip Code BOX 940 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) __ Check this block if you D Public Employee (Current) Candidate (including write-in) C Public Official (Current) Check this block are amending if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held 0 seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 Ø 0 0 0 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ssistant District Attorney REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2), Creditor (Name and Address) If NONE, check this box. Interest Rate lanta, GA DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Giff Circumstances (include TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Aggs Source (Name and Address) 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Ŋ Business Entity (Name and Address) Position Held لدا FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest H Relationship 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

Date Transferred

d Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION. SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX M **ADDRESS** City State Zip Code SURRIS TOU YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCE. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) E Check this block block if you are amending C Public Official (Former) if you are filing as a solicitor D Public Employee (Former) an original filing 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held 0 seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05В OCCUPATION OR PROFESSION (This may be the same as block 4) ΩB 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) CREDITORS (See instructions on page 2). Creditor (Name and Address) 0.0% 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. MONT COMERCEUN GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including description) of Care Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) 13 Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Meld Relationship Transferee (Name and Address) Date Transferred The undersi d bereby affirms that the foregoing information is true and core information and belief; said affirmation being made subject to the pena Ethics Act, 65 Pa.C.S. §1109(b)

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

Enter Current Date _______

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-	932-0
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P. D. Box 311 Norristown PA 19404	
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Assistant District Attorney the PRIOR calendar year indicated: 2010	IQI
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Services Harrisburg, PA 17105-2461 7.125	7.
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Name: Montgomery County, PA Address: P.O. Box 311	
Novristom PA 19404-0311	
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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made out to	-
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME** FIRST NAME SUFFIX 0 AN E NIA \mathcal{B} M S UTE: IF YOU ARE INCLUDING ALTACHMENTS, DO <u>NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT</u> STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) A ___ Candidate (including write-in) D Public Employee (Current) E Check this block if you are filing block if you are amending C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held Ö 0 seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) G D M E 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: CONTROLLER 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09Interest Rate Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOTICE TO SOURCE OF INCOME INCLUDING (but not limited to) all employment. COFFICIAL (SE ONLY) MORGAN STANLEY SMITH BARNEY ONE TOWER BRIDGE CHECK this bidged on Addleso FRONT St., W. CONSHO HOUSE OPPENHEIMER &CO. 1818 MARKET St., PHILA, PA 19103 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Transferee (Name and Address)

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person's knowledge, information and belief; said affirmation being made subject Official and Employee Ethics Act, 65 Pa.C.S. §1709(b).

Enter Current Date __// &

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Date Transferred

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME** FIRST NAME SUFFIX MI *I*O Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) block if you Check this block are amending C Public Official (Former) if you are filing D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate <u>Address</u> DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Address: NORRISTONN, PA Name: MONTCOHERY COUNTY GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held

> Enter Current Date ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Relationship

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject

to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Transferee (Name and Address)

PENNSYLVANIA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** ΜI SUFFIX P 1 W NGEODING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) Check this D Public Employee (Current) E Check this block block if you C Public Official (Former) are amending D D Public Employee (Former) if you are filing as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold 7 seeking hold held 8 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 Y Œ В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for Attorney the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY (FNONE) (OFFICIAL USE ONLY) check this bloc County of Montgomer GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Hetri Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) Reletionship 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 cial and Employee Ethics Act, 65 Pa.C.S. §1109(b)

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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01	LAST NAME FIRST NAME	MI CHECK
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	PLEASE PRINT NEATLY (717) 783-1810 • TOLL FREE 1-800-932
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to the	indersigned 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).
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	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX N C R H A J 5 APDRESS State Zip Code BOX NORRISTOWN PA 4400 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) block if you E L Check this block if you are filing are amending В C Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held 0 seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. 05 E В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ASSISTANT DISTRICT ATTORNEY 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address P. O. BOX 311, NORR, STOWN, PA Name: MONTGOMERY COUNTY 2755 STATION AVE, CENTER DESALES UNIVERSITY GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gft Zmi Address of Source of Gift Circumstances (including description) of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Addre Date Transferred The undersign to the best of said person's knowledge, information and belief; said affirmation being made subject to the penaltie as) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). **Enter Current Date** THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending C Public Official (Former) if you are filing D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04seeking hold held held seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. 05 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: FINANCIAL OFFICER 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. OÜÜ Name: Address: U 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) മാ <u>Address</u> GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Employee Ethics Act, 65 Pa.C.S. §1109(b)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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	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.
	MAKE A COPY FOR YOUR RECORDS

PENNSYLVANIA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME SUFFIX MI NCCUDING ATTACHMENTS, DU NUT INCCUDE ANYTHING THAT B Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) \mathbf{p} block if you Public Employee (Current) Check this block are amending if you are filing 8 L Nominee C L Public Official (Former) n Public Employee (Former) an original filing as a solicitor 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking X hold held hold seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Name: Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift <u>@</u> Address of Source of Gift Circumstances (including TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Name: Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (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) Signat Enter Current Date S NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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03 STATUS Check applicable block or blocks, more than one block may be marked (Section 1)
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B Nominee C Public Official (Former) D Public Employee (Current) E Check this block if you are filing are amending as solicitor.
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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02	ADDRESS City State Zip Code
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	Business (Name and Address) Interest Held Relationship
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ne undersigned hereby affirms that the foregoing information is true and correct to the best the pen	t of said person's knowledge, information and belief; said affirmation being made subject e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Enter Current Date 3/4//1
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK AROV	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 (717) 783-1610 * TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX 0 ø State Zip Code 9404 NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) block if you D Public Employee (Current) Check this block if you are filing are amending Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking hold В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.] В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Unter Services 0 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name: Address 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE FFICIAL USE ONLY) check this Block GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift ഗ TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name) Date Transferred The undersigned here est of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescri the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature i Enter Current Date THIS FOI VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY	
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS.
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

	
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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subto 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).	ject
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

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	02 ADDRESS)
	DO BOX 311 NORRISTOWN PA 1940	C.I.	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

	PLEASE PRINT NEATLY	(717) 783-1610 • TOLL FREE 1-800-932-
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX CC R E J R STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing block if you B Nominee are amending C Public Official (Former) D Public Employee (Former) as a solicitor an original filling PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held 5 seekina hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 FR 0 m O в OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for CHIEF DEPUTY ACTING SHERIEF the PRIOR calendar year indicated: 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. NAME BORD OF NORRISHMAN PENSION ACTIONS 235 E. PIRY ST. NORRISTOUN COUNTY OF MENTGOMERY SALRY PO BOX 311 NORRISTOWN PA. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this flox! Name and Address of Business 173 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) The undersigned hereby affirms 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 funs rities) and the Public Official and Employee Ethics Act, 55 Pa.C.S. §1109(b). Sic Enter Current Date 5/4/11 ANY BLUCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS (3 of 4)

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2010 STATEMENT OF FINANCIAL INTERESTS SUPPLEMENTAL PAGE

RICHMAN, BRADFORD A. Montgomery County Courthouse – 4th Floor Swede & Airy Sts. Norristown, PA 19404 610-278-3100

09 CREDITORS:

Firstrust Saving Bank	Philadelphia, PA	Various
Mr. & Mrs. Ross Born	Bethlehem, PA 18017	0%
Mr. & Mrs. Barry Halper	Allentown, PA	0%
Saligman Middle School	Elkins Park, PA	0%
Jewish Theological Seminary	New York, NY	0%

10 DIRECT OR INDIRECT SOURCES OF INCOME:

County of Montgomery

Norristown, PA

City of Philadelphia Law Department

Philadelphia, PA

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME SUFFIX MI Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) Check this C Public Official (Current) Public Employee (Current) Check this block if you are filing block if you C Public Official (Former) are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held 0 seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for INTERNAL the PRIOR calendar year indicated: AUDIT REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

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to the penalties presq blic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 0936

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME Μŀ SUFFIX Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending C Public Official (Former) if you are filing Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 550501 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Name: County of Montgomery GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including desci Address of Source of Gift niprion) of G TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 0936

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/11 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX MI SCHAIBLE Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) Candidate (including write-in) block if you Check this block are amending if you are filing Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Name COUNTY of MON/ GOMER) GIFTS (See instructions on page 2) If NONE, check this box. > Value Source of Gift f Gift u@sia Address of Source of Gift Circumstances (includi 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 4 Que _0 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. X Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigne of said person's knowledge, information and belief; said affirmation being made subject to the penalties Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) **Enter Current Date**

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Line 14 Financial Interest Page -2-James H. Shacklett, III

Bel Air Aviation, LLC 956 Charlotte Street Pottstown, PA

100%

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

Shacklett Realty, LP 2025 Joshua Road

9.51%

Lafayette Hill, PA 19444

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

1128 Realty Investments, GP LLC 50%511 Germantown PikeLafayette 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

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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A [ASSISTANT COUNY SOLICITOR	
	seeking hold held	
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school dis	trict, two, etc.)
A [MONTGUMERY COUNTY PENNSYLVAN	1 4
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Ad	Address of Source of Gift Circumstances (including description) of Gift	
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13 C	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)	
	Name: LAW OFFICE OF MILITAFL SHIP Address: 28 WAIRY ST NORRILY OWNER	٧.
14 F	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.	
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	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	
	e penalties ; and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	ade subject
	Sign Enter Current Date 3 (2.9///	
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS	 5.

JONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093€

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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%



2011 MAR 17 P 12: 36

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

	OF TENEN		RINT NEATLY	INIEKE	313	(7	17) 783-161D • TO	OLL FREE 1-800-932-09
01			FIRST NAM	Ε				MI SUFFIX
_	SIEWERT		HEE	MA	u			$A \square$
02	2 _ADDRESS	Citv			State	Zip Code	Area Code	Phone
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO <u>NOT</u> INCLUDE A	NYTHING THA	BEARS YOUR	SOCIAL SECU	RITY NUM	BER OR FIN	ANCIAL ACC	OUNT NUMBERS.
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, C	andidate or Norr	ninee (e.g., dept, ag	gency, authority,	borough, bo	ard, commiss	ion, county, sch	ool district, two, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR The in	nformation in bi	ocks 8 thro	ugh 15 belov	represents fin	ancial interests for
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address	ss) If NONE,	check this box.				Interest Rate	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited	to) all employm	ent /See instructi	000 00 00 20 2) 6	W V I C NO			
	Name: C-21 ALLIANCE R.E.		162 E.	c	heck this b	olock.	(OFFICIAL	USE ONLY)
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11	GIFTS (See instructions on page 2) If NONE, check this box.	*						
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on Source (Name and Address)	page 2) If NC	NE, check this	box.	- 		Value [<u>)</u> Ti
ſ	Course (Harrie and Address)				7 (323	<u></u> ס	
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (S	See instructions	on nage 2\ If N	ONE shock th	<u> </u>	5 7		
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	Business (Name and Address)					Interest Heli Relationship		
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IO ING	ne penalties prescribed by 18 Pa.C.S. §4904 (unsworn faisification to auth	orities) and the	Public Official an	id Employee Et	thics Act, 6	5 Pa.C.S. §1	109(b).	
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY	· · · · · · · · · · · · · · · · · · ·
01 LAST NAME	
SILVERMAN ABIGAIL J	SUFFIX
POBOX 311 NORRISTOWN PA State Zip Code Amount	<u> </u>
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT	IT NUMBERS.
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05 GOVERNMENTAL ENTITY in which you are were an Official Extension Continue	
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MONTGOMERY COUNTY, PA	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents finance the PRIOR calculation.	al interests for
ASSISTANT DISTRICT ATTORNEY the PRIOR calendar year indicated: 2610	ar interests (0)
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
(Control of page 2) If HOME, CHECK this BOX.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: MERICAN HERITAGE FORERALAddress: EAST NORRITON, PA Interest Rate	
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10 DIRECT OR INDIRECT SOURCES OF INCOME industries (but addition to be added t	<u>-/-</u>
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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	
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COMMONWEALTH OF PENNSYLVANIA

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SEC-1 REV. 01/11	TATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMM
01 LAST NAME	- SEASE CRINI NEATLY	(717) 783-1610 • TOLL FREE 1-800-9:
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02		J.
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09 CREDITORS (See instructions on page 2). Creditor (Name:	ame and Address) If NONE, check this box.	
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e undersigned hereby affirms that the foregoing information is the penalties pr	Relation Date Tre strue and correct to the best of said person's knowledge, information and belief; ss) and the Public Official and Employee Ethics Act. 65 Pa.C. S	nsnip ansferred
	es) and the Public Official and Employee Ethics Act, 65 Pa.C.S.	said affirmation being made subject §1109(b).
Signat THIS FORM IS CONCIDENTAL	Enter Current Date	3/2/4
CONSIDERED DEFICIENT	F ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FO	R YOUR RECORDS
	(3 of 4)	······································

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

01 LAST NAME	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0
SALL	FIRST NAME
DINVPER	FRANK T SUFFIX
02 ADDRESS P.O. BOX 311	City Norristown Sign Zip Code Ar Mil 19406
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE A	NYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block m	18y be marked. (See instructions on any 2)
A Candidate (including write-in) C Public Official (
B Nominee C Public Official (Check this block block block if you
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Co	nelo
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Ca	andidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A JUDGE OF ELEC	TIONS ONS ONS ONS ONS ONS ONS ONS
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Same	07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated:
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11 GIFTS (See instructions on page 2) If NONE, check this box.	7 TO TO
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3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See Business Entity (Name and Address)	instructions on page 2) If NONE, check this box.
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4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRO Name and Address of Business	OFIT (See instructions on page 2). If NONE - but 1
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the penalties prescr	t to the best of said person's knowledge, information and belief; said affirmation being made subject lies) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signatur	
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK	Enter Current Date 3/1/1
BLOCK	(3 of 4)
	(~ V1 T)

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-832-093
-	01 LAST NAME
•	S p e e r s First NAME T h o m a s Mi Suffix
	[n o m a s]
C	O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) F Check this block if you
_	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
0	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
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Α	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
	PII y m o u t h T W P C I V I L S E R V I C E
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_	WONIGOMERY CO SHERIFF
06	107 YEAR The information in blocks 8 through 15 below search 5
	MUDITED
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	(coc instactors of page 2) If NONE, check this box.
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.09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: See attached Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	check this block.
	Name Law Partices 1651 West Germantown Pike . Phymouth Meeting, PA
11	1001 West Germantown Pike, Plymouth Meeting, PA
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
Γ	Source of Gift
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE chapt this have
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 7
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	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Law Firm (and building) 651 West Germantown Pike, Plymouth Meeting
	Business Interests Transferred to IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE check this box.
	Interest Held
The	Transferee (Name and Address) Relationship ====================================
to the	ndersigned 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 penalties prescribed by 18 Pa.C.S. § 4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
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(3 of 4)

Thomas J. Speers List of Creditors

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Clares H. C.	Card Services P.O. Box 15298 Wilmington, DE 19850	

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OFFICE OF

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PENNSYLVANIA STATE ETHICS COMMISSION 32-0936

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERFORM

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02 	P.O. BOX 311 NORRISTOWN PA 1940U
03	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one blocks.
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A [MONTGOMERY COUNTY, PA
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
	ASSISTANT DISTRICT ATTORNAL the PRIOR calendar year indicated: 7010
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	CREDITORS (See instructions on page 2). Creditor (Name and Address) 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, (OFFICIAL USE ONLY)
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A	Address of Source of Gift Circumstances (including (Ge) gription) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	Business Entity (Name and Address) Position Held Name:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held
5 E	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box
	Transferee (Name and Address) Relationship Date Transferred
	ndersigned hereby penalties prescribet 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.

COMMONWEALTH OF PENNSYLVANIA 3EC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 0936

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ADDENDUM

Statement of Financial Interests Kevin R. Steele 2011

9. CREDITORS

Creditor	*
American Express	Interest Rate
Bank of America	15.24%
	15.99%
Acura Financial Services	4.9%

10. SOURCES OF INCOME

Nauhor, PA	Source Income County of Montgomery Cabrini College	Address Norristown, PA Radnor, PA
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11. GIFTS

Source	Address	Value	Circumeter
None			Circumstances

12. TRANSPORTATION, HOSPITALITY, LODGING

Source	Address	Value
PA DA Assn.	Harrisburg, PA	Value
	Harrisburg, PA	Unknown

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

Entity Penn Wynne/Overbrook Hills Fire Department Penn State-Dickinson General Alumni Association Penn State Alumni Association	Position Held Vice-President Board of Directors Council Member
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX Stephens Τ STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) C > Public Official (Current) Α Candidate (including write-in) Public Employee (Current) block if you Check this block are amending if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina held llember seeking hold stant Di GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) Rep resen County Mery 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: 20 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. If NONE, check inis dox.

PC BCX 15019 with him ton, DE Address PC BCX 2461, Haccisburg, PA Interest Rate 9.76 / 100 Citibank Drisan Antonie, TX 15.44%. DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Montgomery spettight DI's PO Box 311 New Youngheck this block. Address 70 Box 125 Horsham, PA 19844 Law offices of read Stephens, LLC Comm of PA Harrisburg, PA 17120 GIFTS (See instructions on page 2) If NONE, check this box. Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) D OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)

Sportight D513

Name Law & Size of Toold Stephens, LLC Address 70 Box 125 Howsham Edition Held Preside FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business D5's CYU CHOWALL DF - HOVENDUM, PA 19024 Low Office of Toold Stephens PO Box 125 Horsham PA 19044 1007. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersig person's knowledge, information and belief, said affirmation being made subject to the penalt Official and Employee Ethics Act. 65 Pa C.S >1109(b)

Enter Current Date _

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

	PLEASE	PRINT NEATLY		
01	LAST NAME	FIRST NAME		
	STOKES	MICHAEL	4	MI SUFFIX
02	ADDRESS City	State	Zip Code Area Co	ode Phone
NOT	E IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY N	JMBER OR FINANCIAL A	CCOUNT NUMBERS.
03	Check applicable block or blocks, more than one block may be market	d. (See instructions on page 2)	·	
	A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	D Public Employee (Current) E D D 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	
^	15515TANT DURKE	, TOR		
в		seeking	hold held	
05	OVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, agency, authority, borough	hoard commission county	cohool district to
^ 1	ONTGOMERY COUR	TY PLAN	NING	, scriool district, twp, etc.)
в <u>[</u>	OMM 1 SS/DX			
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10 D	RECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed	ment. (See instructions on pg. 2) ONLY IF I	NONE, CTOFFI	CIAL USE ONLY)
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2 T I	ANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I urce (Name and Address)	NONE, check this box.	Value	
3 01	FICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE shock this have		
В	siness Entity (Name and Address)	on page 17 Whome, theth this box.	Position He	eld
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4 Fi Na	IANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See ne and Address of Business	instructions on page 2) If NONE, check	interest He	ld
5 BL	SINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Seiness (Name and Address)	e instructions on page 2) If NONE, chec	. K	
Tra	nsferee (Name and Address)		Interest Held Relationship	
he und the pe	rsigned hereby affirms that the foregoing information is true and correct to the behalties prescribed.	st of said person's knowledge, information and Employee Ethics Act,	Oate Transferred and belief; said affirmation 65 Pa.C.S. §1109(b)	being made subject
	Signature		7/25	9/11
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	Enter Curre		COPPS

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME MI SUFFIX
	STRETTON SAMUEL C
	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	
03	C C Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E XX Check this block if you are filing are amending as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking XX hold held
Α	SOLICITOR, CONTROLLEROF
	MONTGOMERY COUNTY seeking hold held
В	
 05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A	
	C ON TROLLER OF MONTGOMERY COUNTY
8	
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
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this boxx
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: American Express Address: P.O. Box 1271 Neverth NT 07101 1278 10 271248
	(See attached for additional) Newark, NJ 07101-1239
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NORE. (OFFICIAL USE ONLY) check this buok
	Name: Samuel C. Stretton, Attorney Address: 301 S. High St., Par 323 7
	(See attached for additional) West Chester, PA 193813231
11	GIFTS (See instructions on page 2) If NONE, check this box.
	Source of Gift Value of Gift
Į	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. XX Value
`~ [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. Name: Board of Directors Address: Philadelphia, PA 19116 Member & Solicito
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.XXX
	Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transfered
The	undersigned bereby 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
11	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)

RECEIVED

2011 APR 14 P 12: 37

OFFICE OF

VOTER SERVICES

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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PENNSYLVANIA STATE ETHICS COMMISSION

	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE	
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_	SULLIVAN THOMAS MIS	UFFIX
02		<u> </u>
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03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	-
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district	t two etc.)
Α	Montgomery County	1. twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents female in the same as block 4)	
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	<u>~</u> _
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/06 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX STREET ADDRESS (work or residence) City State Zip Code Area Code Phone) **COUNTY OF RESIDENCE** 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) **STATUS** Candidate (including write-in) D Public Employee (Current) Public Official (Current) Check here if this is в Nominee Public Official (Former) an amended form Public Employee (Former) PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are 04 seeking hold held seeking hold held 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.) 06 OCCUPATION OR PROFESSION (This may be the same as YEAR The information below represents financial interests for the PRIOR year. 07 REAL ESTATE INTERESTS (Seelinstructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor DIRECT OR INDIRECT SOURCES OF INCOME Mindleding, but not limited to employment 10 See instructions on pg. 2) If NONE, check this battle (OFFICIAL ONLY) Addre 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value

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COMMONWEALTH OF PENNSYLVANIA SECTIFIED BY 1711 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL: FREE 1-800-932
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 0936

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0938 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX 1A VR J **ADDRESS** NORRI STOWN NOTE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUM Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) block if you Check this block are amending Nominee C Public Official (Former) if you are filing as a solicitor Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: CHIEF DETECTIVE 20 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. NONE CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: PACENTRAL CREDIT UNION Address: 969 EAST PARK DRIVE DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, VANCE BATER PRISES INC. 411 OSCIOLAR PRISES CHECK this block. []

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The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject

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PENNSYLVANIA STATE ETHICS COMMISSION -0936

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/11

STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME 01 SUFFIX 02 **ADDRESS** City State Zip Code Nosostaum NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) Check this Public Employee (Current) block if you Check this block C Public Official (Former) if you are filing D Public Employee (Former) are amending as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) an original filing seeking hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: District Atturne REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) Raddress: PO Box QS 32 Willes-Rosse PA PO BOX 7060 U Nicax NY 13504-7060 (3) Dept of DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY Address Po Box 311 Nornstown PA 19494-0311 Po Bon 707 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Positio <u>Name</u> Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) Relationship The undersigned by Date Transferred best of said person's knowledge, information and belief; said affirmation being made subject to the penalties pr d 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. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA

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Ann Thornburg Weiss Addendum to Statement of Financial Interest

13 Employment

- O Montgomery County Norristown, PA
- 2) Timoney Knox (Indep. Contractor) Ft. Washington, PA

Directorship

(Member Board of Directors)

PENNSYLVANIA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/11 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME **SUFFIX** MI 0 02 **ADDRESS** State Zip Code 31/ Morristewn 19904 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this D Public Employee (Current) ☐ Candidate (including write-in) C Public Official (Current) block if you E L Check this block are amending B | Nominee if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held S 0 seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Assistant District Atterner REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) T OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box **√**Position Nerriste m FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the 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, worn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Enter Current Date

COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PENNSYLVANIA STATE ETHICS COMMISSION

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COMMONWEALTH OF PENNSYLVANIA

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