

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ABIDIUAN-LUPO JEREMY C

02 ADDRESS City State Zip Code

MONTGOMERY COUNTY COURTHOUSE, SWEDEN AVE. ST. NORBERT, PA 19380

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY DISTRICT

B ATTORNEY'S OFFICE

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

ATTORNEY 2011

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

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

Name: Address:

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

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

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 5/10/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A D S H E A D R O B E R T L

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

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

A S O L I C I T O R

B

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

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

B C O N T R O L L E R S O F F I C E

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

Attorney

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

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

None

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

Name: American Honda Finance Co. Address: PO Box 7829, Phila, PA 19101 Interest Rate: 2.2%

Infinity Financial Services PO Box 17123, Balt, MD 21297 Interest Rate: 4.59%

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

Name: Law Ofc. of Robert Adshead, LLC Address: 1494 Old York Rd, Suite 200, Abington, PA 19001

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Law Ofc. of Robert Adshead, LLC Address: 1494 Old York Rd, Suite 200, Abington, PA 19001 President

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

Name and Address of Business Interest Held

Same as # 13 above 100% ownership

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

Transferee (Name and Address) Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 3-23-12

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STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
AHLBRANDT RONALD H

02 ADDRESS Montgomery County Courthouse, Norristown PA 19384

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
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B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  
A DIRECTOR PARKS/HERITAGE SERVICES  
B

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Director  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: NISSAN Motor Acceptance Corp Address: P.O. Box 660360 Dallas, Texas 75268

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

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

Enter Current Date 2/23/12

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A Montgomery County

B DISTRICT ATTORNEY'S OFFICE

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

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

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

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

Name: Address: Interest Rate:

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 5/1/12

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
ALBERT JEFFREY B

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

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
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B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
Attorney 2011

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block.   
Name: Jeffrey B. Albert, Sole Practitioner Address: 48 Oakwood Dr, Dresher, PA 19025  
OFFICE OF THE VOTER SERVICE OFFICER, MONTGOMERY COUNTY, PA  
RECEIVED 2012 FEB -3 10 3:51 (OFFICIAL USE ONLY)

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held  
Name: Same as 10, above Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held  
Same as 10, above

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

The undersigned certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in Sections 6303 and 6304 of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign: Enter Current Date 1/27/12  
THIS PAGE ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A L L E N P A T R I C I A L



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

Check this block if you are amending an original filing

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

A ASSISTANT DIRECTOR

seeking  hold  held

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

A MONTGOMERY COUNTY

B VOTER SERVICES

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

SAME 2011

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

NONE

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

Name: AMERICAN HERITAGE FCU Address:

RECEIVED  
 OFFICE OF THE STATE ETHICS COMMISSION  
 MONTGOMERY COUNTY, PA  
 2012 APR 28 P 3:26  
 (OFFICIAL USE ONLY)

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

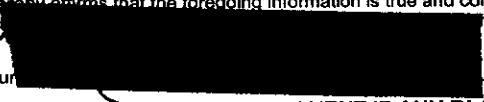
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Election Code (Act 77 of 1992) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature



Enter Current Date

3-30-2012

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ARNOLD-YERGER KATHLEEN M

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

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

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

A MBR, WORKFORCE INVESTMENT BOARD

seeking  hold  held

B

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

A MONTGOMERY COUNTY WORKFORCE

B INVESTMENT BOARD

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

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

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

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

Creditor

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

Name MONTGOMERY COUNTY - NORRISTOWN PUBLIC LIBRARY Address 1001 Powell Street Norristown PA 19401

OFFICE OF VOTER SERVICES MONTG. CO. PA

RECEIVED 2012 APR 13 PM 2:34

INTEREST RATE (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity MONTGOMERY COUNTY LIBRARY INFORMATION NETWORK CONSORTIUM Position Held MEMBER

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature \_\_\_\_\_ Current Date 1/23/12

# STATEMENT OF FINANCIAL INTERESTS

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01 LAST NAME FIRST NAME MI SUFFIX  
A S h e D e n i s e R

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A W I B M E M B E R  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A M O N T G O M E R Y C O U N T Y W O R K F O R C E  
B I N V E S T M E N T B O A R D

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:  
Non-profit manager 2011

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box.  American Education Services - Phila / Harrisburg  
Name: American Education Services - Phila / Harrisburg Interest Rate: 9.9%  
Toyota Credit Bureau - Phila Interest Rate: 7.0%  
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: Montgomery Cty O.F.C. Address: 1101 Arch Street  
OFFICIAL USE ONLY  
2012 APR 13 2:35 PM  
RECEIVED

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.   
Business Entity (Name and Address) Position Held  
Name: Address:

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 62 Pa.C.S. § 1601 and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 1/23/2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BARBER CATHERINE M

02 ADDRESS City State Zip Code

Court House, 4th floor Norristown PA 19404

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

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY

B

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

Assistant District Attorney 2011

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

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

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

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

Name: Montgomery County Address: Court House 4th Floor Norristown PA 19404

RECEIVED  
2012 MAY 19 3:35  
OFFICE OF  
VOTER SERVICES  
MONTGOMERY COUNTY

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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Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Enter Current Date 4/27/12

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEAN JASON C

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

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

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

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

A INTERNAL AUDITOR  seeking  hold  held

B

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

A COUNTY OF MONTGOMERY

B

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

Internal Auditor 2011

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

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

Name: Address:

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the State Election Code, 54 Pa.C.S. § 1101(a) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date 3/19/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME BECKER FIRST NAME MAUCY MI J SUFFIX

02 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

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

A RECORDER OF DEEDS

B  seeking  hold  held

REPUBLICAN STATE COMMITTEE

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

A MONTGOMERY COUNTY

B \_\_\_\_\_

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

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

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

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

Name: GMAC Address: P.O. Box 9001952, Louisville, KY 40290

TRU MARK FINANCIAL Address: 1000 N. BROOK DR., TREVOSE, PA 19087

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

Name: MONTGOMERY COUNTY Address: P.O. Box 311, NORRISTOWN, PA 19104

SEE ATTACHED ADDENDUM

RECEIVED  
MAY 14 2012  
OFFICIAL USE ONLY

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

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

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

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

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

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

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

Name: THE TUCKER ADVISORY CORP. INC Address: 10 ROCK SPRING RD, CHESTER, PA 19380 SR. PROJECT MGR.

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

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

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

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

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

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

Signature \_\_\_\_\_ Enter Current Date 5/14/2012

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



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

Statement of Financial Interests

Addendum

Becker, Nancy J.

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

Name	Address
<u>The Tucker Advisory Group, Inc.</u>	<u>10 Rock Spring Road, Chester Springs, PA 19425</u>
<u>Michael J. Becker (husband)</u>	<u>1798 Meadow Glen Dr., Lansdale, PA 19446</u>
<u>Dividend &amp; interest income from stocks, bonds and other holdings held in account with:</u>	
<u>Stifel Nicolaus &amp; Co., Inc.</u>	<u>501 N. Broadway, St. Louis, MO 63102</u>
<u>AIG</u>	<u>P.O. Box 15648, Amarillo, TX 79105-5648</u>
<u>Rental Income from the following properties:</u>	
<u>2310 Lexington Court</u>	<u>Lansdale, PA 19446</u>
<u>211 Brunswick Court</u>	<u>Lansdale, PA 19446</u>
<u>138 Ardwick Court</u>	<u>Lansdale, PA 19446</u>
<u>152 Oberlin Terrace</u>	<u>Lansdale, PA 19446</u>
<u>7704 Ocean Drive</u>	<u>Avalon, NJ</u>
<u>15D 99<sup>th</sup> Street</u>	<u>Stone Harbor, NJ</u>

RECEIVED  
2012 MAY 14 P 2:49  
NOTARY PUBLIC  
MONTGOMERY CO. PA

13. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

North Penn YMCA 2506 N. Broad St., Colmar, PA 18915

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEHR EILEEN W

02 [REDACTED]

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

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

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

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

Check this block if you are amending an original filing

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

A SHERIFF MONTGOMERY COUNTY

B [REDACTED]

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

A MONTGOMERY COUNTY

B [REDACTED]

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

sheriff 2011

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

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

Name: Chase Auto Loan Address: PO-Box 15706, Wilmington, DE 19886

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

Name: Montgomery County Community College Address: Deland PK, Blue Bell, PA 19022

Name: White Marsh Township, 416 Germantown Pl., Lafayette Hill, PA 19022

Name: LaSalle University, 1900 Olney Ave., Phila, Pa 19122

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

S [REDACTED] Enter Current Date 05-15-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BEVINGTON JEFFREY T

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

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

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

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

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

A BOARD MEMBER

B

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

A MONTGOMERY CTY HIGH ER ED & HEA

B LTH AUTH

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:

RETIRED 2012

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

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

Name: Address: Interest Rate:

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 1/21/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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



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

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

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

Check this block if you are amending an original filing

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

A EXECUTIVE DIRECTOR

B

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

A MONTGOMERY COUNTY ECONOMIC AND

B WORKFORCE DEVELOPMENT

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

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

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) if NONE, check this box.

Name: Address:

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

Name: County of Montgomery & MCIDA, Norwith Boro, PA Address: Court House, Norwith Boro, PA - Norwith Boro, PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3-13-12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 Boehrer Justin

02 ADDRESS City State Zip Code  
 P.O. Box 311 Norristown PA 19404-0311

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A Montgomery County

B

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

Assistant District Attorney 2011

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

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

Name: Address:

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Address: Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 5/7/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME JOSEPH BRESNAN FIRST NAME JOSEPH MI E SUFFIX



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT IDENTIFIES AN INDIVIDUAL OR A BUSINESS OR PROFESSIONAL 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 amending an original filing as a solicitor

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

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

A Solicitor

B

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

A BOROUGH of ROCKLEDGE

B BOROUGH of AMBLER

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

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

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

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

Name: Amster Savings Address: Amster PA

Mortgage on 311 Lindenwald

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

Name: Bresnan Herder Address: 311 Lindenwald Ave

OFFICE OF  
MOTOR SERVICES  
MONTCO. CO. PA  
2011 MAR 23 P 11:10  
RECEIVED

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

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name Address: Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 17 Pa.C.S. § 1109(b).

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WITDCER JEAN K

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE FINANCIAL ACCOUNT NUMBERS.

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

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

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

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

A Rehabilitation Supervisor

B WTB Member

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

A Dept of Labor & Industry

B MONTGOMERY CO WORKFORCE INVEST

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

Rehabilitation Supervisor

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

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

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

Creditor

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

Name	Address
Office of Vocational Rehabilitation	1200 North Hope Street
Dept of Labor & Industry	Montgomery Co

OFFICE DEPT OF LABOR & INDUSTRY  
VOTER SERVICES  
MONTG. CO PA.

RECEIVED  
2012 APR 13 2:35

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

Source of Gift	Value of Gift

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

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

Source (Name and Address)	Value

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

Business Entity Position Held

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

Name and Address of Business Interest Held

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

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

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

Signature \_\_\_\_\_ Current Date 2-11-2012

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 BROOKS WALLIS W

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

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

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

A MONTGOMERY COUNTY PA

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

ASST. DISTRICT ATTORNEY 2011

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

NONE

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

Name: CARLOAN (CITIZENS) Address: P.O. BOX 42002 PROVIDENCE, RI 02918  
 CO SIGN 2010 TRUCK (CITADEL) FOR SON MALVERN, PA  
 CO SIGN 2008 TRUCK (TD BANK) FOR SON KING OF PRUSSIA, PA

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

Name: Montgomery County Address: NORRISTOWN PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) CABRINI COLLEGE - RADNOR PA  
 Name: LAUREL HOUSE Address: NORRISTOWN PA  
 Position Held: ADVISORY Bd, BOARD OF DIRECTORS, ADVISORY Bd.

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

Name and Address of Business Residential Real Estate 117 E. 117 Ave  
 (leased) CONSHOHOCKEN, PA 19428  
 Interest Held: 1/2 tenants in common with my son

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

Business (Name and Address) Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 4/30/12

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BROWN DAVID P

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

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A DEPUTY DIRECTOR PUBLIC SAFETY  
B TOWNSHIP SUPERVISOR

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
PUBLIC SAFETY MANAGEMENT 2011

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: New Hanover Township, County of Montgomery, Montgomery County Community college  
Address: Gilbertsville, PA, Courthouse - Norristown, PA, Blue Bell, PA

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

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

Signature: [Redacted] Enter Current Date: 4-30-12  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
OFFICE OF THE STATE ETHICS COMMISSION  
VOTER SERVICES  
MONTGOMERY COUNTY  
2012 MAY - P 2:39

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BROWN RICHARD T



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

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

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

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

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

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:  
OFFICE OF VOTER SERVICES, MONTG. CO. RECEIVED APR 19 P 3 20

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block   
Name: LOWER PROSPECT TWP UBS FINANCIAL  
Address: 100 PARKLANE DR, EARLEVILLE PA CONSHOHOCKEN, PA

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. § 1109(b) Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 4/13/2012

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B R O W N S C O T T



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

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

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

Check this block if you are amending an original filing

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

A T R A N S P O R T A T I O N A U T H O R I T Y

B

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

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

B

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

Commissioner 2011

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

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

Name: Address: Interest Rate

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. § 1094 (criminal defamation to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 3/14/2012

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

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BUNN STEVEN W

02 ADDRESS Swade & Arty Sts., P.O. Box 311 City Norristown State PA Zip Code 19384

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

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant District Attorney  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Access Group Address: P.O. Box 7450  
Wilmington, DE 19803  
Interest Rate: 8.75%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: Montgomery County Address: Swade & Arty Sts., Norristown, PA

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

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

Signature: [Redacted] Enter Current Date: 4/27/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BURNS LAWRENCE E

02 [REDACTED]

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
BANKER 2011

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

09 CREDITORS (See instructions on page 2). If NONE, check this box.  Citibank Car Loan, Wilmington, DE  
Creditor CHASE CREDIT CARDS, WILMINGTON, DE  
STATE FARM BANK, CAR LOANS, BIRMINGHAM AL  
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name Address  
CONESTOGA BANK, BLUE BELL, PA  
OFFICE OF MONTGOMERY COUNTY PA  
2012 APR 13 P 2:35  
RECEIVED  
590  
28010  
90  
(OFFICIAL USE ONLY)

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held  
VNA-OS ABINGTON, PA BOARD MEMBER

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of his or her knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6103 and Employees Ethics Act, 65 Pa.C.S. § 1109(b).  
Signature [REDACTED] Current Date 2-16-2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BUTTARO DAVI M

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

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

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

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

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

A BOARD MEMBER  seeking  hold  held

B

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

A MONTGOMERY COUNTY HIGHER

B EDUCATION & HEALTH AUTHORITY

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

INSURANCE BROKER 2011

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature \_\_\_\_\_ Enter Current Date 1/19/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BYRNES JOSEPH A

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

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

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

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

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

A PRISON BOARD  seeking  hold  held

B

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

A

B

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

RETIREED POLICE OFFICER

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

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

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

Name: BOARD OF NORRISTOWN Address: 235 E. ARMY ST NORRISTOWN PA 19401

Interest Rate

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

Name: Address:

(OFFICIAL USE ONLY)

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: Address:

Position Held

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

Name and Address of Business

Interest Held

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Signature

Enter Current Date

2-9-12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
C A R T A G N O L I N D S A Y A

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

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

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTANT DISTRICT ATTORNEY  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: U.S. Department of Education Address: P.O. Box 5609 Greenville, TX 75403-5609 Interest Rate 3%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404 Value of Gift \$335

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

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

Signature: [Redacted] Enter Current Date: 4/30/12

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C A S T O R K B R O U C E L T R

02 ADDRESS P.O. Box 311 Norristown, PA 19404-0311 State Zip Code

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

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

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

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

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

A COMMISSIONER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in 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  seeking  hold  held

B

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

County Commissioner / Lawyer 2011

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

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

Name: Address: Interest Rate:

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

Name: Montgomery County Address: Box 311 Norristown PA 19404

Elliott, Greenleaf P.C. 925 Harvest Dr. Blue Bell PA 19422

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Elliott Greenleaf Address: Same Shareholder

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 4-30-12

THIS FORM AND CHECK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 APR 30 P 6:33  
MONTGOMERY COUNTY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

CAUFFMAN SAMANTHA L

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19384

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

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

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

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A ASSISTANT DISTRICT ATTORNEY

B

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

Assistant District Attorney, Montgomery Co. 2011

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

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

Name: Address:

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

Name: Montgomery County Address: P.O. Box 311 Norristown PA 19384

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 5/9/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

CAVANAUGH MARIE N



NOTE: IF YOU ARE INCLUDING INFORMATION THAT MAY BEAR ON YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

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

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

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

A JURY COMMISSIONER

B

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

A MONTGOMERY COUNTY

B

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

JURY COMMISSIONER 2011

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

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

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

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

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

PA STATE EMPLOYEE RETIREMENT SYSTEM HARRISBURG, PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: April 25, 2012

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

RECEIVED  
 2012 APR 26 3 24  
 MONTGOMERY COUNTY

Marie N. Cavanaugh

Ethics Commission  
Statement of Financial Interests

2011

Addendum to #10  
Sources of income

Vanguard Group, P.O. Box 2600, Valley Forge, PA 19482  
Vanguard Brokerage Services, P.O. Box 1170, Valley Forge, PA 19482

Harleysville Savings, 271 Main Street, Harleysville, PA 19435

RECEIVED

2012 APR 26 P 3:24

OFFICE OF  
VOTER SERVICES  
MONTG. CO., PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 C o l g a n K a t h l e e n A

02 ADDRESS City State Zip Code  
 P.O. Box 311 Norristown PA 19404-0311

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

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

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

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

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

A A s s i s t a n t D i s t r i c t A t t o r n e y  seeking  hold  held

B

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

A M o n t g o m e r y C o u n t y

B

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

Assistant District Attorney 2 0 1 1

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

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

Name: U.S. Department of Education Address: P.O. Box 530260  
 Direct Loans Atlanta, GA 30353 Interest Rate: 8.0%

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

Name: Montgomery County Address: P.O. Box 311  
 Norristown, PA 19404-0311 (OFFICIAL USE ONLY) 35

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Sign: [Redacted] Enter Current Date: 5/1/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
C O L O S I M O D O N A L D A

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

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A D I R E C T O R  seeking  hold  held  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A C O U N T Y O F M O N T G O M B R Y  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
D I R E C T O R 2011

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: C O U N T Y O F M O N T G O M B R Y Address: M A R T I N S T O W N P A

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

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

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

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

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

Signature: [Redacted] Enter Current Date: 2/9/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COOPER JULIA A

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

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

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

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

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

A BOARD MEMBER  seeking  hold  held

B

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

A MONTHOMERY COUNTY  seeking  hold  held

B

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

SAME AS BLOCK 4

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

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

Name: Address: Interest Rate:

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3-18-12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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



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

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

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

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

A C O M M U N I C A T I O N S D I R E C T O R

seeking  hold  held

B D E P U T Y D I R . E X T E R N A L A F F A I R S

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

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

B

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

Block 4 2011

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

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

Name: Address: Interest Rate:

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

Name: John Corcoran Address: annual salary

Eileen Corcoran annual salary

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

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

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

Name and Address of Business Interest Held

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

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

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

Signature: [Redacted] Enter Current Date: 2/13/12

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C r o c k e r E r i k T

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

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

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

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

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

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

A Assistant District Attorney

B

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

A Montgomery County

B

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

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

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

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

Name: U.S. Dept. of Education (5.65%) Address: Greenville, TX  
Boston College Law School (5%) Coraopolis, PA

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

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

RECEIVED  
 2012 MAY 1 PM 3:35  
 OFFICE OF THE STATE ETHICS COMMISSION  
 MONTGOMERY COUNTY, PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 5/1/12

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **DECKER** FIRST NAME: **PAUL** MI: **R** SUFFIX:

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)

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

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

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

A **BOARD MEMBER**

B  seeking  hold  held

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

A **MONTICO WORKFORCE INVESTMENT BD**

B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **HOSPITALITY INDUSTRY MARKETING**

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

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

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

Creditor

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

Name Address

RECEIVED  
2012 APR 13 PM 2:35  
OFFICE OF  
VOTER SERVICES  
MONTICO, CO. PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity Position Held

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

Name and Address of Business Interest Held

**NONE**

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

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

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

Signature: **[Redacted]** Current Date: **9 APRIL 2012**

ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME DESIMONE FIRST NAME JOSEPH MI P SUFFIX

02 ADDRESS P.O. BOX 311 City NARRISTOWN State PA Zip Code 19404

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

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

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

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

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

A INTERNAL AUDITOR

B

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

A MONTGOMERY COUNTY CONTROLLER

B

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

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

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

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

Name: Address:

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

Name: BEST BUY Address: 200 UPLAND SQ POTTSTOWN PA 19464

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

Source of Gift: Value of Gift

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

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

Source (Name and Address): Value

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

Business Entity (Name and Address): Position Held

Name: BEST BUY Address: 200 UPLAND SQ, POTTSTOWN, PA 19464 DIGITAL TECHNOLOGY SPECIALIST

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

Name and Address of Business: Interest Held

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

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

Transferee (Name and Address):

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

Sign: [Redacted] Enter Current Date 3/15/12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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



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

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

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

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

A D I R E C T O R H E A L T H D E P T M O N T . C O .

B

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

A P U B L I C H E A L T H D E P T

B

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

PHYSICIAN 2012

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

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

Name: Address: Interest Rate

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

Name: F O R N A N C E P H Y S I C I A N S E R V I C E S Address: P O W E L L S T . N O R R I S T O W P A .

RECEIVED  
APR 20 10 10 09  
OFFICE OF THE STATE ETHICS COMMISSION

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature \_\_\_\_\_ Enter Current Date 4/10/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: D I M I N O FIRST NAME: J O S E P H MI: M SUFFIX: D R.

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

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

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

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

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

A D I R E C T O R - H E A L T H D E P A R T M E N T

B  seeking  hold  held

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

A P U B L I C H E A L T H D E P A R T M E N T

B

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2012

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

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

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

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

Name: MONTGOMERY COUNTY Address: 1430 DEKALB ST

NORRISTOWN PA 19401

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

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

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

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

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

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

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

Name: NORRISTOWN FAMILY PHYSICIANS Address: 1437 DEKALB ST NORRISTOWN STAFF PHYSICIAN

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

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

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 62 Pa.C.S. § 1109(b) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

RECEIVED  
2012 FEB 14 AM 5:52  
OFFICE OF THE STATE ETHICS COMMISSION  
MONTG. CO.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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

02 ADDRESS City State Zip Code Area Code Phone

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

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

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

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

Check this block if you are amending an original filing

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

A DIRECTOR - HEALTH DEPT.

B W I B MEMBER

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

A DIRECTOR - HEALTH DEPT. MONT CO.

B W I B

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

PHYSICIAN 2 0 1 2

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

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

Name: Address:

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

Name: MONTGOMERY COUNTY Address: 1930 DEKALB ST NORRISTOWN PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 3.16.12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

E C K E L B R U C E J

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

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

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

Check this block if you are amending an original filing

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

A MEMBER  seeking  hold  held

B ASSISTANT COUNTY SOLICITOR  seeking  hold  held

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

A WASTE SYSTEM AUTHORITY EAST MONTCO

B MONTGOMERY COUNTY

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

ATTORNEY 2011

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

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

Name: CHASE FREEDON Address: PO Box 15153  
Wilmington DELAWARE 19886-5153

Interest Rate: 2012 APR - 8 A

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

Name: Abington TWP ZHB 1176 DeYoel Rd Abington Address: 445 York Rd. Hattboro PA  
Dougherty & Eckel 2209 Mt. Carmel Ave GLENSIDE PA 19038  
CHELTENHAM ZHB 8230 Old York Road ELKINS PARK PA 19027

Value of Gift: \$0.00

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

Source of Gift: \_\_\_\_\_ Value of Gift: \$0.00

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

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

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

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

Business Entity (Name and Address): Name: Dougherty & Eckel Address: 2209 Mt. Carmel Ave GLENSIDE PA 19038 Position Held: PARTNER

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

Name and Address of Business: Dougherty & Eckel Interest Held: 50% Partner

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

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

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

Enter Current Date 3/8/2012

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



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
EDWARDS DERICK O MR

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

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

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

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

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

A WIB MEMBER MONTGOMERY COUNTY  seeking  hold  held

B

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

A WORKFORCE INVESTMENT BOARD

B

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

DIRECTOR QUALITY MANAGEMENT

2012

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

NONE

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

Creditor

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

Name: AES Clean Technology Address: 422 Stump Rd MONTGOMERYVILLE, PA 17436

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

Source of Gift: NONE Value of Gift: .

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

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

Source (Name and Address): NONE Value: .

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

Business Entity: Position Held:

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

Name and Address of Business: Interest Held:

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

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

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

Signature: Current Date: 3/23/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: E L L I S      FIRST NAME: T H O M A S      MI: J      SUFFIX:

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

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

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

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

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

A T R E A S U R E E R     seeking     hold     held

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

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

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

B S E P T A

06 OCCUPATION OR PROFESSION (This may be the same as block 4)      07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

ATTORNEY

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

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

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

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

Name: DUANE MORRIS LLP      Address: 30 S. 17TH ST., PHILA., PA 19103

INDEPENDENCE BLUE CROSS      1901 MARKET ST., PHILA., PA 19103

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

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

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

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

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

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

Business Entity (Name and Address)      Position Held

Name: INDEPENDENCE BLUE CROSS      Address: 1901 MARKET ST., PHILA., PA 19103      DIRECTOR

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

Name and Address of Business      Interest Held

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

Business (Name and Address)      Interest Held      Relationship      Date Transferred

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

Signature: \_\_\_\_\_ Enter Current Date: 3/19/12

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

(3 of 4)

Attachment to Statement of Financial Interests

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

10. Direct or Indirect Sources of Income

- Fidelity Cash Reserves, 82 Devonshire Street, Boston, MA 02109
- Vanguard Life Strategy Moderate Growth Fund, 455 Devon Pike Drive,  
Wayne PA 19087
- Merrill Lynch, 1650 Market Street, 25<sup>th</sup> Floor, Philadelphia, PA 19103

13. Office, Directorship or Employment in Any Business

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

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME: ETNIER FIRST NAME: CAREY MI: S SUFFIX:



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

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.): A DIRECTOR OF INFO TECH

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Director of IT 07 YEAR: 2011

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

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

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

11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: \$8

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address): Name: COUNTY OF MONTGOMERY Address: NORRISTOWN, PA 19404 Position Held: Director

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

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

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

Signature: [Redacted] Enter Current Date: 2-9-12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

FALIN ROBERT M

02 ADDRESS City State Zip Code

P.O. Box 311 Norrisstown PA 19404

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

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

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

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

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

A DEPUTY DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY PA

B

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

Deputy District Attorney

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

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

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

Name: Xpress Loan Servicing Address: PO Box 94553 Cleveland OH 44102

Interest Rate: 7.75%

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

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

Name and Address of Business Interest Held

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided for in the State Ethics Law (Act of July 18, 1978 (P.L. 103-1), Act of July 18, 1979 (P.L. 104-1), Act of July 18, 1980 (P.L. 105-1), Act of July 18, 1981 (P.L. 106-1), Act of July 18, 1982 (P.L. 107-1), Act of July 18, 1983 (P.L. 108-1), Act of July 18, 1984 (P.L. 109-1), Act of July 18, 1985 (P.L. 110-1), Act of July 18, 1986 (P.L. 111-1), Act of July 18, 1987 (P.L. 112-1), Act of July 18, 1988 (P.L. 113-1), Act of July 18, 1989 (P.L. 114-1), Act of July 18, 1990 (P.L. 115-1), Act of July 18, 1991 (P.L. 116-1), Act of July 18, 1992 (P.L. 117-1), Act of July 18, 1993 (P.L. 118-1), Act of July 18, 1994 (P.L. 119-1), Act of July 18, 1995 (P.L. 120-1), Act of July 18, 1996 (P.L. 121-1), Act of July 18, 1997 (P.L. 122-1), Act of July 18, 1998 (P.L. 123-1), Act of July 18, 1999 (P.L. 124-1), Act of July 18, 2000 (P.L. 125-1), Act of July 18, 2001 (P.L. 126-1), Act of July 18, 2002 (P.L. 127-1), Act of July 18, 2003 (P.L. 128-1), Act of July 18, 2004 (P.L. 129-1), Act of July 18, 2005 (P.L. 130-1), Act of July 18, 2006 (P.L. 131-1), Act of July 18, 2007 (P.L. 132-1), Act of July 18, 2008 (P.L. 133-1), Act of July 18, 2009 (P.L. 134-1), Act of July 18, 2010 (P.L. 135-1), Act of July 18, 2011 (P.L. 136-1), Act of July 18, 2012 (P.L. 137-1), Act of July 18, 2013 (P.L. 138-1), Act of July 18, 2014 (P.L. 139-1), Act of July 18, 2015 (P.L. 140-1), Act of July 18, 2016 (P.L. 141-1), Act of July 18, 2017 (P.L. 142-1), Act of July 18, 2018 (P.L. 143-1), Act of July 18, 2019 (P.L. 144-1), Act of July 18, 2020 (P.L. 145-1), Act of July 18, 2021 (P.L. 146-1), Act of July 18, 2022 (P.L. 147-1), Act of July 18, 2023 (P.L. 148-1), Act of July 18, 2024 (P.L. 149-1), Act of July 18, 2025 (P.L. 150-1).

Signature: [Redacted] Enter Current Date: 4/27/2012

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F E R M A N R I S A V

02 ADDRESS City State Zip Code

P.O. BOX 311 NORRISTOWN PA 19404

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

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

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

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

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

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

B

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

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

B

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

DISTRICT ATTORNEY, MONTGOMERY COUNTY 2 0 1 1

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

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

Name: SEE ATTACHED Address:

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

Name: SEE ATTACHED Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) SEE ATTACHED Value

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

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

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

Name and Address of Business Interest Held

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

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

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

Sig: [Redacted] Enter Current Date 4-30-12

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

2012 MAR -1 P 3:35  
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OFFICE OF VOTER SERVICES  
MONTG. CO. PA

**ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS**  
**Risa Vetri Ferman**  
**2011**

9. CREDITORS

<u>Creditor</u>	<u>Interest Rate</u>
Higher Education Services (HES-Wachovia Bank)	None
Mellon Bank Line of Credit	Variable
Chase Card Services (Visa)	21.99-27.99%
American Express	Variable

10. SOURCES OF INCOME

<u>Source Income</u>	<u>Address</u>
County of Montgomery	Norristown, PA
Janney Montgomery Scott	Philadelphia, PA
TD Bank	Philadelphia, PA

12. TRANSPORTATION, HOSPITALITY, LODGING

<u>Source</u>	<u>Address</u>	<u>Value</u>
Supreme Court Pennsylvania Crim. Procedural Rules Committee	Mechanicsburg, PA	Unknown
Pennsylvania District Attorney's Assn.	Harrisburg, PA	Unknown
PA Bar Assn Family Law Section (CLE Speaker for PBA Conference)	Harrisburg, PA	\$650.00 (approx.)

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

<u>Entity</u>	<u>Position Held</u>
Mission Kids - Child Advocacy Center MCAP, Norristown, PA	Board of Directors
Vetri Foundation for Children	Board of Directors
Pennsylvania District Attorney's Assn	Executive Committee

OFFICE OF  
 LEGAL SERVICES  
 VOTER SERVICE  
 DIVISION  
 100 N. MONTG. CO. BLDG.

2012 MAY -1 P 3:35

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F E R R Y B A R B A R A L



DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

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

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

Check this block if you are amending an original filing

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

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

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

A C O U N T Y B e a r d

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:

Public Affairs 2011

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

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

Name: Address:

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

Name: GreaterPhila Chamber Address: 200 S. Broad St Philadelphia, PA

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

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

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

Source (Name and Address): Value:

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

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

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

Name and Address of Business: Interest Held:

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

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

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

Signature: Enter Current Date 1/25/2012



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Field FIRST NAME Kris MI  SUFFIX

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)

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

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

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

A WIB Member

seeking  hold  held

B

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

A Montgomery County Workforce

B Investment Board

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

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2012

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

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

Creditor

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

Name Cobham Address 305 Richardson Rd Lansdale PA 19446

OFFICE OF VOTER SERVICES MONTG. COUNTY PA

2012 APR 18 P 2:35

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(OFFICIAL USE ONLY)

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

Source of Gift  Value of Gift

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

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

Source (Name and Address)  Value

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

Business/Entity Cobham Position Held Director HR

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

Name and Address of Business  Interest Held

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

Business (Name and Address)  Interest Held

Transferee (Name and Address)  Relationship  Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6103 and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted]

Current Date 1-20-12

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

FITTING JOAN L

02 [Redacted] Pa. Code Phone

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

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

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

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

Check this block if you are amending an original filing

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

A ASSESSOR

B

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

A COUNTY OF MONTGOMERY, PA

B

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

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

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

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

Name: American Heritage Credit Union Address: Philadelphia Interest Rate 14.99

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held

Name: Address:

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

Name and Address of Business Interest Held

Fitting Appraisals, Blooming Glen, PA 18901 Broker

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee

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

Signature: [Redacted] Enter Current Date: 3/6/2012

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F O L M A R L A R R Y J

02 ADDRESS City State Zip Code

SOLICITOR'S OFFICE, P.O. BOX 311 NORRISTOWN PA 19404

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

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

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

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

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

A ASSISTANT COUNTY SOLICITOR  seeking  hold  held

B

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

A COUNTY OF MONTGOMERY

B

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

ATTORNEY AT LAW 2011

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

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

Name: Address:

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

Name: COUNTY OF MONTGOMERY Address: P.O. BOX 311 NORRISTOWN, PA 19404

PENSION & PART TIME EMPLOYMENT

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

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unlawful disclosure of confidential information) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date JAN. 18, 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **FRITER** FIRST NAME: **JORDAN** MI: **S** SUFFIX:

02 ADDRESS: **Montgomery County D.A.'s office** City: **Norristown** State: **PA** Zip Code: **19404**  
**Court House, 4th Floor, P.O. Box 311**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

F  Public Official (Former) G  Public Employee (Former) H  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **ASSISTANT DISTRICT ATTORNEY**

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY CITY DISTRICT ATTY**

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

**Assistant District Attorney**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: **American Education Services** Address: **1200 N. 7th St. Harrisburg, PA 17102**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: **Montgomery County** Address: **P.O. Box 311 Norristown, PA 19404**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_ Value: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Transferee (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: **4/27/12**  
**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.** MAKE A COPY FOR YOUR RECORDS.  
(3 of 4)

RECEIVED  
MONTGOMERY COUNTY ETHICS SERVICES PA  
APR 27 2012  
Interest Rate: 5.5%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 GALLAGHER MICHELLE M

02 ADDRESS  
 Montgomery County Courthouse P.O. Box 311 Ntn. Pa. 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A seeking  hold  held

B seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 TAX ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery C/21 Alliance Address: 2828 Audubon Village Dr Audubon, Pa. 19403

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/19/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G	I	A	M	P	O	R	C	A	R	O	S	H	A	R	O		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Montgomery County Address: P.O. Box 311, Norristown, PA 19404-0311

Saint Joseph's Villa 110 W. Wissahickon Ave., Flourtown, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Pennsylvania State Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date 5/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME GLASS FIRST NAME JOY MI M SUFFIX

02 ADDRESS PO Box 311 City Norristown State PA Zip Code 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Internal Auditor  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Controllers

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Internal Auditor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: 43005. 5th Ave  
Columbus, OH 43219

010 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: American Signature Address: \_\_\_\_\_

RECEIVED  
 2012 MAR 19  
 A 52  
 OFFICE SERVICES  
 VOTER SERVICES  
 MONTGOMERY CO

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided for in the laws of this Commonwealth (including but not limited to perjury, forgery, falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date 3/15/12

THIS FORM IS DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: GOLDMAN FIRST NAME: MYRON MI: W SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.):  
A MONTGOMERY TRANSPORTATION AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): RETIRED  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)  
Name: PSCS MET LIFE VAN GUANO  
Address: PO BOX 125 HANNSBURG, PA 17104  
SW SCHUMMERS RD JUNCTION PA 17104  
VALLEY Forge, PA 19482

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: \_\_\_\_\_  
Address of Source of Gift: \_\_\_\_\_  
Circumstances (including description) of Gift: \_\_\_\_\_  
Value of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): \_\_\_\_\_  
Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: \_\_\_\_\_  
Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): \_\_\_\_\_  
Transferee (Name and Address): \_\_\_\_\_  
Interest Held Relationship Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: 3/16/12  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G O R D O N M I C H A E L P

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C H I E F A D U L T P R O B A T I O N O F F I C E R

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

CHIEF ADULT PROBATION OFFICER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Value of Gift:

Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Position Held:

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Interest Held Relationship Date Transferred:

Transferee (Name and Address):

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State Election Code (Act 77 of 2008) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Enter Current Date 5/16/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
G O R D O N M I C H A E L P

02 ADDR [REDACTED] FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
B  Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A C H I E F A D U L T P R O B A T I O N O F F I C E R  
B [REDACTED]

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A M O N T G O M E R Y C O U N T Y  
B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
CHIEF ADULT PROBATION OFFICER 2 0 1 1

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: (OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Value of Gift:  
Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): Position Held:  
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): Interest Held Relationship Date Transferred:  
Transferee (Name and Address):

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Access and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

[REDACTED] Enter Current Date 5/16/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G R A B F E L D E R M A R K H

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A R E A L E S T A T E A S S E S S O R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) REAL ESTATE ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: JEFF GOLDSTEIN Address: 107 WOODSTREAM DR, NORRISTOWN, PA 19403

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-1-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G r a c i a D o n a l d J



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B o a r d o f P r i s o n I n s p e c t o r s

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

See Attached Sheet

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

none

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SEE Attached Sheets Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: SEE Attached Sheets Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: See Attached Sheets Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

See Attached Sheets

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4-11-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Statement of Financial Interests**  
**For year 2011**  
**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

**Continental Bank (Collateral Mortgage)**

Business Loan For Gracia Development, LLC - Loan

**CNH Capital America, LLC**

Business Equipment Financing 0.0 % Interest Rate

**Block 10 Sources of Income**

**Klein Bus Service, Inc.**  
1336 Ben Franklin Hwy East  
P.O. Box 246  
Douglasville, PA 19518

**Celebrity Limo**  
2521 Yellow Springs Road  
Malvern, PA 19355

**East Norriton Township (Supervisors Salary)**  
East Norriton, PA 19401

**PROVIDENCE SELF STORAGE, LLC**  
**PROVIDENCE SLEF STORAGE (Business Entity Name)**  
595 Hollow Road  
Phoenixville, PA 19460

**Block 13 Office Director or Employment in any Business**

**Gracia Development, LLC**  
Member/Partner (Partnership with Spouse both 50% each)

**Providence Self Storage, LLC**  
Member/Partner (Partnership with Spouse both 50% each)

**Providence Self Storage**  
Partner (Business Entity with Spouse both 50% each)

**Block 14 Financial Interest in any legal entity in business for profit**

**Gracia Development, LLC**  
Member/Partner (Partnership with Spouse both 50% each)

**Providence Self Storage, LLC**  
Member/Partner (Partnership with Spouse both 50% each)

**Providence Self Storage**  
Partner (Business Entity with Spouse both 50% each)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GRADEL JOHN N

02 ADDRESS City State Zip Code

COURTHOUSE, SWEDE FAIRY STS. NORRISTOWN PA 19140

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DA  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ASSISTANT DA 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: USAA Address: SAN ANTONIO Interest Rate: 7.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  (OFFICIAL USE ONLY)

Name: COUNTY OF MONTGOMERY Address: NORRISTOWN, PA 35

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GRAF ROBERT W MR

02 ADDRESS

COURT HOUSE P.O. BOX 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF CLERK

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

CHIEF CLERK

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

38 CHADWICK CIRCLE, WORCESTER, PA 19403

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

2012

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address: (OFFICIAL USE ONLY)

RECEIVED JAN 31 11 36 AM '12

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned I, [Redacted], acknowledge, information and belief, said affirmation being made subject to the penalties provided in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 1/31/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
GRAYAUSKIE LENDA A



03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor F  Public Official (Former) G  Public Employee (Former) H  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held  held

A SUPERVISOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Uniform Gifts to Minors Act, 42 Pa.C.S. § 5101 and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 3/1/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
GREENLEAF STEWART J JR



03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CONTROLLER  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: See attached Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Elliott Greenleaf and Siedz: Krawiec, P.C. Address: 915 Harvest Drive Ste. 300 Blue Bell, Pa 19422

(OFFICIAL USE ONLY) RECEIVED MAY 11 10:09 AM '11

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

SEE ATTACHED

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Upper Merion Free Public Library Address: 109 Park Avenue Willow Grove PA Director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/30/12

**ATTACHMENT TO STATEMENT OF FINANCIAL INTERESTS**  
**Stewart J. Greenleaf, Jr.**  
**For Year 2011**

09 CREDITORS

Access Group  
P.O. Box 7450  
Wilmington, DE

Interest Rate: 3.529%

Direct Loans  
400 Maryland Avenue SW  
Washington, DC 20202

Interest Rate: 2.9%

Citadel  
520 Eagleview Boulevard  
Exton, PA 19341

Interest Rate: 7.99%

12 TRANSPORTATION, LODGING, HOSPITALITY

Friends of Stewart Greenleaf  
417 Bartram Road  
P.O. Box 155  
Willow Grove, PA 19090-0155

Value: \$1460.30

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H A G E R W D O U G L A S

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing  Check this block if you are filing as a solicitor

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A WORKFORCE INVESTMENT BOARD MEMBER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY WORKFORCE

B INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

INSURANCE

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name CO-OP AGENCY, INC. SUBSIDIARY OF ASSOCIATED WHOLESALERS, INC. (AWI) Address 729 E. LINCOLN AVE MYRTOWN, PA. 17067

WELLS FARGO BANK, NA (BUS) P.O. Box 6995 PORTLAND, OR. 97228-6995

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity CO-OP AGENCY, INC. SUBSIDIARY OF ASSOCIATED WHOLESALERS, INC. (AWI) Position Held VICE PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Current Date: 2/20/2012

RECEIVED  
2012 APR 13 PM 2:35  
OFFICE OF THE  
VOTER SERVICE  
MONTG. CO.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HAMILTON WILLIAM G

02 ADDRESS

[REDACTED]

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):  seeking  hold  held

A BOARD OF DIRECTORS

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A REDEVELOPMENT AUTHORITY OF

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RETIRED

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: SEE ATTACHED Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

OFFICE OF VOTER SERVICES MONTGOMERY CO. PA

2012 MAR 15 A 10 22

RECEIVED

10. DIRECT OR INDIRECT SOURCES OF INCOME

Merrill Lynch  
717 5<sup>th</sup> Ave 7<sup>th</sup> Floor  
New York, NY 10022

The Vanguard Group  
P.O. Box 2600  
Valley Forge, PA 19482-2600

Columbia Management Distributors, Inc.  
One Financial Center  
Boston, MA 02111-2621

USAA Life Insurance Co.  
9800 Fredericksburg Road  
San Antonio, TX 78288

March 13, 2012

OFFICE OF  
VOTER SERVICES  
MONTG. CO PA

2012 MAR 15 A 10: 22

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
HANES DAVID B

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A REGISTER OF WILLS CLERK OF OC

B [ ] seeking [ ] hold [ ] held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B [ ]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) REGISTER OF WILLS, ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate: (OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: D. BRUCE HANES, ESQ. Address: 101 GREENWOOD AVE. JENKINTOWN, PA 19046

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: D. BRUCE HANES, ESQ. Address: 101 GREENWOOD AVE. JENKINTOWN, PA 19046 Position Held: OWNER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: D. BRUCE HANES, ESQ. Interest Held: SOLE OWNER

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferred Relationship Date Transferred

The undersigned and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties (to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 5-1-2012

ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 MAY 1 PM 1:49  
VOTER REGISTRATION  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **HECKMAN** FIRST NAME: **STEPHEN** MI: **G** SUFFIX:

02 ADDRESS: **COURTHOUSE - PO BOX 311 - NORRISTOWN** City: **NORRISTOWN** State: **PA** Zip Code: **19404**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **CHIEF PUBLIC DEFENDER**  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **ATTORNEY**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: **PSECU** Address: **P.O. Box 67012 HARRISBURG, PA 17106** Interest Rate: **4.9%**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: **MONTGOMERY COUNTY (SEE ADDITIONAL SHEET)** Address: **COURTHOUSE - PO BOX 311 NORRISTOWN, PA 19404**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift:  Value of Gift:

Address of Source of Gift:  Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):  Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address):  Position Held:

Name:  Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business:  Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address):  Interest Held Relationship Date Transferred:

Transferee (Name and Address):

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (criminal false information) and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: **[Redacted]** Enter Current Date: **4-16-2012**  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Stephen G. Heckman  
Chief Public Defender  
Court House  
Norristown, PA

2011 Statement of Financial Interests – Page 2

No. 10 Direct or Indirect Sources of Income:

Stephen G. Heckman, 1995 Morris Road, Suite 100, Blue Bell, PA

Commonwealth of Pennsylvania, Harrisburg, PA

Patricia A. Zaffarano, 412 Brookwood Drive, Ambler, PA



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 HENDRICKSON ALICE J

02 ADDRESS City State Zip Code Area Code Phone  
 ( )

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF DEPUTY CLERK OF COURTS  seeking  hold  held

B VACANCY BOARD  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B UPPER DUBLIN TOWNSHIP

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 CHIEF DEPUTY CLERK OF COURTS

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig \_\_\_\_\_ Enter Current Date 2-13-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HENNIGAN KATHLEEN

02 ADDRESS City State Zip Code

ONE MONTGOMERY PLAZA SUITE 361 NORRISTOWN PA 19401

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR OTHER IDENTIFICATION NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

SENIOR ASSESSMENT ANALYST

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

0 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY Address: PO Box 311 NORRISTOWN PA 19464-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig \_\_\_\_\_ Enter Current Date 3/19/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
H O E F F E L J O S E P H M

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNTY COMMISSIONER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

LAWYER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box. (OFFICIAL USE ONLY)

Name Address

MONTGOMERY COUNTY NORRISTOWN PA  
SCHOOL DIST. OF PHILADELPHIA PHILADELPHIA PA

OFFICE OF VOTER SERVICES MONTGOMERY CO PA  
2012 APR 9 PM 17  
RECEIVED

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the 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.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Current Date 4/5/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O F M A N W A L T E R I

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M O N T G O M E R Y C O U N T Y C O R O N E R

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y P A

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

PHYSICIAN - FORENSIC PATHOLOGIST 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: NONE Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: see attached Address:

OFFICE OF VOTER SERVICES MONTGOMERY PA

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2012 MAY 22 P 3:15

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the laws of this Commonwealth (including the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [Redacted] Enter Current Date: 180 May 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**STATEMENT OF FINANCIAL INTERESTS**

**Walter I. Hofman, M.D.**

**Item 10, continued**

1. UBS Financial Services, 101 W. Elm St., Conshocken, PA 19428
2. Vanguard Financial Services, PO Box 1110, Valley Forge, PA 19482
3. Wells Fargo Financial Services, 811 Cumberland St., Lebanon, PA 17042
4. Caren Radbill, 30 Amaryllis Lane, Newtown Square, PA 18990
5. State of Florida Financial Services, 200 E. Gaines St., Tallahassee, FL 32399
6. Highmark Blue Shield, PO Box 890089, Camp Hill, PA 17089
7. DJS Associates, 1603 Old York Rd., Abington, PA 19001
8. Law Offices of Kolby Gordon, 2000 Market St., Philadelphia, PA 19103
9. Markel Corp. % R. Yost, Esq., 1500 JFK Blvd., Philadelphia, PA 19102
10. Petroleum Development Corp., PO Box 26, Bridgeport WV 26330
11. Law Offices of Bochetto & Lenz, 1524 Locust St., Phila PA 19102
12. BP Chem AMD, PO Box 8032, Stevens Point, WI 54491
13. Comm PA Attorney General's Office, 21 S 12<sup>th</sup> St, Phila PA 19107
14. Law Offices of Allen Rothenberg, 1420 Walnut St., Phila PA 19102
15. Travelers Insurance Co, PO Box 13426, Reading, PA 19612
16. Edward L. Weiner, Esq., 10605 Lavender La, Fairfax, VA 22030
17. CC Parsons Esq., 128 C St., NW, Washington DC 20001

18 May 2012

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY 22 P 3:16

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H	O	L	L	O	W	A	Y											P		
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02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: American Heritage Address: 2060 Red Lion Road Philadelphia, PA 19115 Interest Rate: 9.99

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 5/2/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Question 9.) Creditors

Sallie Mae Student loans- Sallie Mae, Inc PO Box 9500 Wilkes-Barre, PA 18773-9500 interest rate 2.9%

American Education Service- 1200 North 7th Street, Harrisburg, PA 17102 Interest Rate 6.8%

RECEIVED

2012 MAY -2 P 3:46

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O T C H K I S S J A M E S G J R

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT IDENTIFIES A FINANCIAL ACCOUNT

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ASSESSOR  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY COURTHOUSE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assessor 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Mont. Cty. Courthouse Address: P.O. Box 211 Downingtown PA 19341-0211

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Rostyn Vol. Fire Co. Address: 1128 Bradford Rd Rostyn Pa. Inters. Relief Assoc.

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date March 1, 2012

RECEIVED  
2012 MAR 19  
A 11 42  
NOTARIAL PUBLIC  
MONTGOMERY COUNTY



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

H O W A R D K E L L Y S

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: U.S. Department of Education Address: P.O. Box 5202 Greenville, TX 75403-5202 Interest Rate: 7.13%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Access to Information Law, Act of July 6, 1988, P.S. § 5114(a) and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HUFF CHRISTOPHER A

02 ADDRESS [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COMMERCIAL ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

COMMERCIAL ASSESSOR 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: CHASE AUTO FINANCE Address: PO BOX 290, CHICAGO, IL. Interest Rate: 8.90%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: COUNTY OF MONTGOMERY Address: PO Box 301, NORRISTOWN PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [REDACTED] Enter Current Date 3/1/12

THIS FORM IS CONSIDERED VALID ONLY IF BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME H Y S L O P FIRST NAME V I N C E MI W SUFFIX

02 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone \_\_\_\_\_

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASST. FINANCE DIRECTOR

B \_\_\_\_\_

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY, PA

B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASST. FINANCE DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

Value of Gift \_\_\_\_\_

RECEIVED FEB 29 2011

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_

Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_

Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §1904 (criminal falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig. [Redacted] 2/29/12 Enter Current Date \_\_\_\_\_

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

ITALIA

FIRST NAME

CARMEN

MI SUFFIX  
S JK

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS

- Candidate (including write-in)
- Public Official (Current)
- Public Employee (Current)
- Nominee
- Public Official (Former)
- Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A MONTGOMERY COUNTY WORKFORCE INVESTMENT BOARD  seeking  hold  held

B MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY WORKFORCE INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

V.P. BUSINESS DEVELOPMENT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor BANK OF AMERICA  
CREDIT CARD WILMINGTON, DE

OFFICE OF  
VOTER SERVICE  
MONTG. CO

2012 APR 13 2:34

RECEIVED

Interest Rate 10.2%

(OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name GREG WECKEL & JAY REPKO  
Address 447 PINE ST UNIT 2-2 ROYALSTOWN, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity CONFIDENTIAL BANK  
620 W CARMANTOWN PIKE, PLYMOUTH ARC  
Position Held VICE PRESIDENT BUSINESS DEVELOPMENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

Interest Held Relationship Date Transferred \_\_\_\_\_

I, the undersigned hereby certify that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Date 2/16/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

JAPPE ADRIENNE D

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: MUELA (Dept of Ed. Services) Citizens Bank  
Address: 633 Spirit Drive, Chesterfield, MO 63017  
273 DeKalb Ave N. Wales, PA

Interest Rate: 4.92  
2012 MAY -1 6.0  
(OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Montgomery County  
Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  
Address of Source of Gift  
Circumstances (including description) of Gift  
Value of Gift: 335

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J A F F E R O B E R T M

02 ADDRESS City State Zip Code

ONE MONTGOMERY PLAZA SUITE 301 NORRISTOWN PA 19401

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A S S E S S O R  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y  seeking  hold  held

B  seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date 3/1/12

THIS FORM IS CONSIDERED DEFECTIVE IF ANY SECTION IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

NOTED FOR SERVICES MONTGOMERY CO. PA

2012 MAR 1 A 10:43

RECEIVED OFFICIAL USE ONLY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: JOHNSON FIRST NAME: MICHELE MI: A SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Official (Former)  Public Employee (Former)

Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

Check this block if you are amending an original filing  Check this block if you are filing as a solicitor

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A BOARD MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTICO WORKFORCE INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

CONSULTANT

07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated. 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

OFFICE OF  
VOTER SERVICES  
MONTICELLO, PA

RECEIVED  
APR 13 P 2:35

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: SELF-EMPLOYED Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Circumstances (including description) of Gift: Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

I, the undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Access and Employee Ethics Act, 65 Pa. C.S. § 1109(b).

Signature: \_\_\_\_\_ Current Date: 15 March 2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: J U D G E  
 FIRST NAME: J U D I T H  
 MI: J  
 SUFFIX: SR

02 ADD: [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  
 B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing  Check this block if you are filing as a solicitor

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A MEMBER OF THE WIB  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY WIB

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 EDUCATION DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: THE REALTY GROUP  
 Address: 700 WEST AVE  
 JENKINTOWN PA 19046

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [REDACTED]  
 Address of Source of Gift: [REDACTED]  
 Value of Gift: [REDACTED]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [REDACTED]  
 Value: [REDACTED]

OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entry: [REDACTED]  
 Position Held: [REDACTED]

FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: [REDACTED]  
 Interest Held: [REDACTED]

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [REDACTED]  
 Transferee (Name and Address): [REDACTED]  
 Interest Held: [REDACTED]  
 Relationship: [REDACTED]  
 Date Transferred: [REDACTED]

I, the undersigned hereby affirm that the information provided herein is true and correct to the best of my knowledge, information and belief, said affirmation being made subject to the provisions of the Pennsylvania State Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [REDACTED]  
 Current Date: 11/23/12

OFFICE OF VOTER SERVICE  
MONTG. CO.  
2012 APR 13 P. 3:35  
RECEIVED





# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION  
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: KING FIRST NAME: JESSE MI: S SUFFIX:

02 ADDRESS: Montgomery County D.A.'s Office, Court House 4th Floor PO Box 311, Norristown, PA 19384

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:   
 Candidate (including write-in)   
 Public Official (Current)  Public Employee (Current)   
 Nominee  Public Official (Former)  Public Employee (Former)   
 Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)   
 A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held   
 B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)   
 A MONTGOMERY COUNTY DISTRICT ATTY   
 B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)   
 Assistant District Attorney   
 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.    
 Name: Montgomery County Address: PO Box 311 Norristown PA 19384

11 GIFTS (See instructions on page 2) If NONE, check this box.    
 Source of Gift:   
 Address of Source of Gift:   
 Value of Gift:   
 Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.    
 Source (Name and Address):   
 Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.    
 Business Entity (Name and Address):   
 Name:   
 Address:   
 Position Held:   
 Interest Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.    
 Name and Address of Business:   
 Position Held:   
 Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.    
 Business (Name and Address):   
 Transferee (Name and Address):   
 Interest Held:   
 Relationship:   
 Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Access to Information Law and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4-27-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: KLINKE FIRST NAME: GARY MI: W SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COURT

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Director

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name:  Address:  Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address: PO BOX 31 NORRISTOWN, PA 19401

Value of Gift:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift:  Address of Source of Gift:  Circumstances (including description) of Gift:  Value:

12 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) If NONE, check this box.

Business Entity (Name and Address): Domestic Relations Association Address: PO BOX 311, NORRISTOWN PA Position Held: PRESIDENT

FINANCIAL INTEREST IN 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):  Transferee (Name and Address):  Interest Held:  Relationship:  Date Transferred:

I, the undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/12/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

OFFICE OF  
NOTICE SERVICES  
MONTGOMERY CO. PA  
2011 MAR 14 AM 11:41  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION  
(717) 783-1610 • TOLL FREE 1-800-932-0932

PLEASE PRINT NEATLY

01 LAST NAME

KLINE

FIRST NAME

JOANNE

MI SUFFIX

0

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- D  Public Official (Former)
- E  Public Employee (Current)
- F  Public Employee (Former)
- G  Check this block if you are filing as a solicitor
- H  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A EXEC. DIRECTOR AGING + ADULT SER.  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Agging (Human Services) Department Head

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Circumstances (including description) of Gift

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Habitat for Humanity Montco Address: Foundry Rd, Noroun, PA 19403

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) Transferee (Name and Address) Interest Held Relationship Date Transferred

undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Enter Current Date 2-9-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

KLINE

FIRST NAME

JOANNE

MI SUFFIX

0

03 STATUS

Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in)

B  Nominee

C  Public Official (Current)

C  Public Official (Former)

D  Public Employee (Current)

D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

seeking  hold  held

A COUNTY DEPARTMENT HEAD

B WIB MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY WORKFORCE

B INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Executive Director,  
Office of Aging & Adult Services

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name  
Montgomery County

Address  
Box 311

Newtown, PA 19404-0311

OFFICE OF THE  
VOTER SERVICE  
MONTGOMERY COUNTY  
PA

RECEIVED  
OFFICIAL USE ONLY  
2012 APR 11 P 2:35  
Interest Rate

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  
Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity  
Habitat for Humanity Montgomery County

Position Held

Board Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held  
Relationship  
Date Transferred

I, the undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 1-25-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: KONNICK FIRST NAME: JAMES MI: A SUFFIX:

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A BOARD MEMBER  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY HIGHER EDUCATION

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Executive

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: URI INC Address: 379 Cherry St Pottstown Pa 19364

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 1-20-12

COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME LaCava FIRST NAME Susan MI    SUFFIX   

02 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Phone \_\_\_\_\_

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MAPPING SUPERVISOR

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A NONE

B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4) MAPPING SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: LANKFORD FIRST NAME: JAMES MI: M SUFFIX:

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):

A BOARD MBR HIGHER EDUCATION AND HEALTH AUTHORITY

seeking  hold  held

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): AUTOMOBILE BUSINESS

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: LANKFORD AUTOMOTIVE INC  
HERITAGE COACH CO.

Address: 1437 Ridge Pike Suite B Ply. Mtg Pa 19462  
1437 Ridge Pike Suite A Ply. Mtg Pa 19462

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): LANKFORD AUTOMOTIVE  
HERITAGE COACH CO.

Name: Address: 1437 Ridge Pike Suite B Ply. Mtg Pa 19462  
1437 Ridge Pike Suite A Ply. Mtg Pa 19462

Position Held: PRES  
CEO

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: LANKFORD AUTOMOTIVE + HERITAGE COACH CO.

Interest Held: 100% + 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred

I, the undersigned hereby affirm that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted]

Enter Current Date: January 27, 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: L A T Z E R  
 FIRST NAME: S T E V E N  
 MI: J SUFFIX:

02 ADDRESS: P.O. Box 311  
 City: Norristown State: PA Zip Code: 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Bank of America (Visa) Address: P.O. Box 15019  
 Wilmington, DE 19850

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Montgomery County  
 LaSalle University  
 Address: P.O. Box 311, Norristown, PA 19404-0311  
 1900 W. Olney Ave., Philadelphia, PA 19141

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_  
 Address of Source of Gift: \_\_\_\_\_  
 Circumstances (including description) of Gift: \_\_\_\_\_  
 Value of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_  
 Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_  
 Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_  
 Transferee (Name and Address): \_\_\_\_\_  
 Interest Held Relationship Date Transferred: \_\_\_\_\_

The undersigned hereby certifies that the foregoing is a true and correct statement of the knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 5/1/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

ADDENDUM

**STATEMENT OF FINANCIAL INTERESTS  
STEVEN J. LATZER  
2011**

10. SOURCES OF INCOME

The Oakmark Funds  
P.O. Box 219558  
Kansas City, MO 64121-9558

Janus  
720 S. Colorado Blvd Ste 290A  
Denver, CO 80246-1929

The Charles Schwab Corporation  
101 Montgomery Street  
San Francisco, CA 94104

Vanguard  
P.O. Box 1110  
Valley Forge, PA 19482-1110

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY - 1 P 3:36

RECEIVED



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Levandoski FIRST NAME Heather MI A SUFFIX

02 ADDRESS P.O. Box 311 City Norristown State PA Zip Code 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A Assistant District Attorney  
B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A Montgomery County  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Assistant District Attorney  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  
Name: Montgomery County Address: P.O. Box 311  
Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

RECEIVED  
2012 MAY - 1 P 3:36  
OFFICE OF  
VOTER SERVICES  
MONTG CO PA

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4.30.12

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME LEVY FIRST NAME MARK MI  SUFFIX

02 ADDRESS MONTGOMERY COUNTY COURTHOUSE  
PO BOX 311 NORRISTOWN State PA Zip Code 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A PROTHONOTARY

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) PROTHONOTARY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: SOVEREIGN BANK Address: PO Box 16255 READING, PA 19612 Interest Rate: 2.99%

ALLY FINANCIAL Address: PO Box 8141 COCKEYSVILLE, MD 21030 Interest Rate: 9.09%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: COUNTY OF MONTGOMERY Address: P.O. Box 311, NORRISTOWN, PA 19404

CATERING-BY-DESIGN (HOUSE) Address: 18 W. HORTERST, PHILADELPHIA, PA 19103

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  Value of Gift 200

Address of Source of Gift  Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)  Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)  Position Held

Name:  Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business  Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)  Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Access to Information Act and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 4-26-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **LIBERATO** FIRST NAME **ANTHONY** MI **J** SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A **RESIDENTIAL ASSESSOR**  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **MONTGOMERY COUNTY**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Residential Assessor**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated. **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in 62 Pa.C.S. § 1101 for persons failing to file this statement and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date **3/1/12**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Lin FIRST NAME Martha MI M SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A member

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A WIB Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Scientist/Business Owner

07 YEAR The information in blocks 6 through 15 below represents financial interests for the PRIOR calendar year indicated: 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) IF NONE, check this box.

09 CREDITORS (See instructions on page 2) IF NONE, check this box.

OFFICE OF VOTER SERVICES  
MONTGOMERY CO  
RECEIVED  
M12 APR 13 P 2:35  
(OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name Ever Nu Technology, LLC Address 306 Camars Drive Warmistler, PA 18974

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity Ever Nu Technology, LLC Position Held President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.

Name and Address of Business Ever Nu Technology, LLC Interest Held no %

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. § 1401.

Current Date 4/14/2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L I V E L S B E R G E R N I C O L E M

02 ADDRESS PO Box 311 County of Montgomery City Norristown State PA Zip Code 19380

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor F  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A I N T E R N A L A U D I T O R seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y C O N T R O L L E R S

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Internal Audit / Accounting

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Chase Auto Finance (Subaru) BOA - mastercard Address: PO Box 78067 Phoenix, AZ 85021

Interest Rate: 9.9% APR

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 62 Pa.C.S. § 1109(b) and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 3/15/12



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME

LOCKARD

FIRST NAME

RODNEY

MI SUFFIX  
JR

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in)
- B  Nominee
- C  Public Official (Current)
- C  Public Official (Former)
- D  Public Employee (Current)
- D  Public Employee (Former)
- E  Check this block if you are filing as a solicitor
- Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE TAX ASSESSOR

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A BOARD OF ASSESSMENT APPEALS

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

REAL ESTATE TAX ANNUATOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  
Address of Source of Gift

NOTED  
MONITORING  
RECEIVED  
2012 MAR 16 A 10:43  
(OFFICIAL USE ONLY)

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

I, the undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties of the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/1/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L u p i n a c c i T o n y a

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Value of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. Enter Current Date May 10, 2012 MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: MAGLID FIRST NAME: KATHERINE MI: E SUFFIX:

02 ADDRESS: PO Box 311 City: Norristown State: PA Zip Code: 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY DISTRICT

B ATTORNEY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ACCESS Group (Now ACS) Address: Access Box 7052, Utica NY 13504 Interest Rate: Access - 3.48%

AES; CITI BANK Address: AES Box 2461, Harrisburg PA 17105 Interest Rate: AES: 3.625%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: 1 Montgomery Plaza Norristown PA 19404

(OFFICIAL USE ONLY) RECEIVED MAY 25 11:14

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift:

Address of Source of Gift:

Circumstances (including description) of Gift:

Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):

Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address):

Name:  Address:  Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business:

Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address):

Transferee (Name and Address):

Interest Held:  Relationship:  Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/22/12

MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION  
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME MAGID FIRST NAME KATHERINE MI E SUFFIX

02 ADDRESS PO Box 311 City Norristown State PA Zip Code 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY DISTRICT ATTORNEY

B ATTORNEY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2)  NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ACCESS GROUP through (ACS) PO Box 7052, Utica, NY 13504 Interest Rate: (ACCESS) 3.48%

AES Address: AES - PO Box 2461, Harrisburg, PA 17105 (AES) 3.625%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: 1 Montgomery Plaza

Norristown, PA 19404 (CITI) 10.99%

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Value of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date \_\_\_\_\_

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **MAGUIRE** FIRST NAME **WILLIAM** MI **M** SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A **PRISON BOARD** seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4924 (untrue statements) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date **2/17/12**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A L O N E Y C H R I S T O P H E R M

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A D E P U T Y D I S T R I C T A T T O R N E Y

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

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: ACS Student Loans Address: P.O. Box 311, Norristown, Pa

Interest Rate: 6.62%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Temple University Address: P.O. Box 311, Norristown, PA 19404-0311 1719 N. Broad St., Phila., PA

(OFFICIAL USE ONLY) 4b

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1105(b).

Enter Current Date 5/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: MARLIER FIRST NAME: NOAH MI: SUFFIX:

02 ADDRESS: DA'S OFFICE COURT HOUSE 4TH FLOOR NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY DISTRICT ATTORNEY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ADA

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: DIRECT LOANS Address: PO BOX 5609 GREENVILLE, TX 75040

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address: COURT HOUSE 4TH FL. NORRISTOWN, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Value of Gift: Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/27/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
M A S C A R O P A S Q U A L E N



02 OTHER INFORMATION (SEE INSTRUCTIONS) DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M E M B E R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T C O T R A N S P O R T A T I O N A U T H

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Pres., Solid Waste Svcs., Inc. dba JP Mascaro & Sons

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

SEE ATTACHMENT.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: WELLS FARGO BANK Address: PA5409, 2240 BUTLER PK., PLYMOUTH MTG, PA 19462 Interest Rate: 1.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: SEE ATTACHMENT Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: SEE ATTACHMENT Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

SEE ATTACHMENT

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



## STATEMENT OF FINANCIAL INTERESTS OF PASQUALE N. MASCARO

### 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.

### No. 10 – Direct or Indirect Sources of Income

Pasquale N. Mascaro's primary and direct source of income is Solid Waste Services, Inc. d/b/a J. P. Mascaro & Sons, the address for which is 2650 Audubon Road, Audubon, PA 19403. Other entities from which Mr. Mascaro realizes direct or indirect income are Franconia Associates, M.B. Investments, F.R.&S., Inc., Valero Terrestrial Corporation, Lackawanna Transport Company, and WPAC, Inc. The address for each of these entities is also 2650 Audubon Road, Audubon, PA 19403. Mr. Mascaro receives other indirect income from his Wells Fargo Asset Management Account, various IRAs he owns, his 401(k) 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).

### 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	Franconia Associates
JPMS, Inc.	Lehigh Valley Recycling, Inc.
F.R.& S., Inc.	J. P. Mascaro, Inc.
Lackawanna Transport Company	Solid Waste Services of West Virginia, Inc.
M.B. Investments of West Virginia	Landfill Development & Design, Inc.
Great Valley Recycling, Inc.	Fox Transfer Station, Inc.
IDA, Inc.	MPJ Realty, Inc.
Valero Terrestrial Corporation	Landfill Development & Design Co.
American Compost Corporation	A&M Composting, Inc.

MRAC, Inc.	JOIDA, Inc.
White Pines Corporation	WPAC, Inc.
HLP, Inc.	HLAC, Inc.
Eagle Environmental, L.P.	Recycling Investments, Inc.
Heritage Campground, Inc.	IDAMAS, LLC
Transport Logistics, Inc.	FAM-OLEY, L.P.
DBSA Corporation	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.

**No. 14 – Financial Interest in any Legal Entity and Business for Profit**

Please refer to the responses to No. 13 for the entities involved.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MATTHEWS JAMES R

DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNTY COMMISSIONER

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

residential mortgage broker 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) if NONE, check this box.

① First Niagara Bank Buffalo, NY Interest Rate 2.875%

② First Niagara Bank Buffalo, NY Interest Rate 5.50%

③ Susquehanna Bk. Reading, PA; 5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

① KEELAN MORTGAGE 1504 Walnut Ave. Oxnard, CA

② ORELAND STATION APTS, 1501-49 Bruce Rd. / Independence Blue Cross, Phila, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

2012 MAY -1 P 3:00

RECEIVED

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) PA. CONV. ETC., Phila., PA

Name: Independence Blue Cross Address: Phila, PA

Relationship: director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business KEELAN MORTGAGE CORP.

Interest Held 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held

Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MAZA VAMES W

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COUNTY SOLICITOR

B DEPUTY CHIEF OPERATING OFFICER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: MONTGOMERY BANK Address: MONROEVILLE PA

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this box. (OFFICIAL USE ONLY)

Name: Montgomery County Address: Leesport PA

MAZAT DAVID

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity Name and Address Name: MAZA DAVID Address: Leesport PA Position Held: Partner

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held: 50%

Saltville Associate

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: April 30, 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

LAW OFFICES  
**MAZA & DAVID**

P.O. BOX 369  
507 SALFORDVILLE ROAD  
LEDERACH, PA 19450-0369

TEL. (215) 256-0007  
FAX (215) 256-0008

JAMES W. MAZA\*  
PATRICIA M. DAVID  
JESSICA A. MILLER†

\*ALSO ADMITTED IN WASHINGTON, DC  
†ALSO ADMITTED IN NEW JERSEY

April 30, 2012

Board of Elections  
Montgomery County Court House  
P.O. Box 311  
Norristown, PA 19404-0311

Re: State Ethics Commission – Statement of Financial Interests

Ladies and Gentlemen:

Enclosed please find the above-referenced form for filing in your office. Kindly time-stamp and return the noted copy in the self-addressed, stamped envelope provided so I may have proof of filing for my records.

If you have any questions regarding this correspondence or the enclosures, do not hesitate to contact me immediately at the above telephone number. Thank you for your assistance.

Sincerely,

  
JAMES W. MAZA

JWM:lac  
Enclosures

RECEIVED  
2012 MAY -1 P 2:40  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME MAZA FIRST NAME JAMES MI 10 SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A COUNTY SOLICITOR

B DEPUTY CHIEF OPERATING OFFICER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  NONE

09 CREDITORS (See instructions on page 2); Creditor (Name and Address) If NONE, check this box.

Name: MORGAN BANK Address: Montgomery PA Interest Rate: 5.8%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: Lebanon PA

MAZA DAVID Lebanon PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) MAZA EDWARD Position Held Partner

Name: \_\_\_\_\_ Address: Lebanon PA

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Saltville Associate Interest Held 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned \_\_\_\_\_ direct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: April 30, 2012

THIS BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

LAW OFFICES

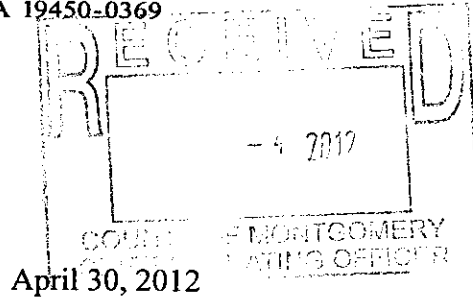
**MAZA & DAVID**

P.O. BOX 369  
507 SALFORDVILLE ROAD  
LEDERACH, PA 19450-0369

TEL. (215) 256-0007  
FAX (215) 256-0008

JAMES W. MAZA\*  
PATRICIA M. DAVID  
JESSICA A. MILLER†

\*ALSO ADMITTED IN WASHINGTON, DC  
†ALSO ADMITTED IN NEW JERSEY



Chief Clerk  
Montgomery County Board of Commissioners  
Montgomery County Court House  
P.O. Box 311  
Norristown, PA 19404-0311

Re: State Ethics Commission – Statement of Financial Interests

Ladies and Gentlemen:

Enclosed please find the above-referenced form for filing in your office. Kindly time-stamp and return the noted copy in the self-addressed, stamped envelope provided so I may have proof of filing for my records.

If you have any questions regarding this correspondence or the enclosures, do not hesitate to contact me immediately at the above telephone number. Thank you for your assistance.

Sincerely,

JAMES W. MAZA

JWM:lac  
Enclosures

OFFICE OF THE  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY - 8 A 9:36

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C F A R L A N D N A N C Y T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A P R I S O N B O A R D O F I N S P E C T O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

clerk 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montg. County Court Hse Lower Prov. TWP Address: #2 East Airy St. Norristown, Pa. 19404 100 Parklane Dr. Eagleville, Pa. 19403

Interest Rate: 1

(OFFICIAL USE ONLY) RECEIVED 2012 APR 30 P 2:51

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [ ] Address of Source of Gift: [ ] Circumstances (including description) of Gift: [ ] Value of Gift: [ ]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [ ] Value: [ ]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity: Proto Tube Prod. Inc. 3219 W. Ridge Pk. Eagleville, Pa. 19403 Position Held: Treas.

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Proto Tube Prod. Inc. 3219 W. Ridge Pk. Eagleville, Pa. 19403 Interest Held: Treas.

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [ ] Transferee (Name and Address): [ ] Interest Held Relationship Date Transferred: [ ]

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date 4-27-12



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C G A R R Y M E L A N I E G

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A N U R S I N G H O M E A D M I N I S T R A T O R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

NURSING HOME ADMINISTRATOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block:

Name: MONTGOMERY COUNTY for Job Address: P.O. Box 311, Norrisburg PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

OFFICE OF THE STATE ETHICS COMMISSION  
VOTER SERVICES  
MONTGOMERY COUNTY  
2012 FEB 22  
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D 1:14

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 false statements) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 02/13/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MC GARRY THAM MOND



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SCHOOL BOARD DIRECTOR  seeking  hold  held

B COUNTY SOLICITOR  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A ARLINGTON SCHOOL DISTRICT

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Chase Bank Address: Wilmington DE Interest Rate: 4.99%

Name: Bank of America Address: Wilmington DE Interest Rate: 2.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Wynn McGarry LLC Address: 500 N. GUTH ROAD, SUITE 205 KING OF PRUSSIA, PA 19106

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: Wynn McGarry LLC Address: 500 N. GUTH ROAD, SUITE 205 KING OF PRUSSIA, PA 19106 Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

SAME AS # 13 ABOVE 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig \_\_\_\_\_ Enter Current Date 5/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M c G e e M i c h a e l J

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S e c r e t a r y T r e a s u r e r  seeking  hold  held

B H L R A E x e c u t i v e D i r e c t o r  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y T r a n s p o r t a t i o n (P.U.)

B H o r s h a m T o w n s h i p

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Executive Director 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Horsham Township Address: 1025 Horsham Rd Horsham PA 19031

Pennsylvania Municipal Retirement System Harrisburg.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: \$: 55

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the 18 Pa.C.S. §4094 (knowing falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C G O L D R I C K T H O M A S W

02 ADDRESS City State Zip Code

DA'S OFFICE, P.O. BOX 311, NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

F  Public Official (Former) G  Public Employee (Former) H  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A D E P U T Y D I S T R I C T A T T O R N E Y

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y D A ' S O F F I C E

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

DEPUTY DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: AES (STUDENT LOANS) Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: MONTGOMERY COUNTY Address: P.O. BOX 311, NORRISTOWN PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name Address Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

I, 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 and in accordance with the provisions of the Public Access to Information Act and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/30/12

2012 MAY 10 3:36 PM  
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 OFFICE OF THE STATE ETHICS COMMISSION  
 MONTGOMERY COUNTY

Line 4

Current Solicitor Appointments

1. Upper Merion Township
2. Upper Merion Township Zoning Hearing Board
3. Plymouth Township Zoning Hearing Board
4. Borough of West Conshohocken
5. Douglass Township, Berks County
6. Limerick Township
7. District Township - Special Counsel
8. Hereford Township – Special Counsel

Line 5

Mental Health Review Officer for Montgomery County

Line 9

PNC Credit – No Balance      Interest Rate: Variable

Mercedes Benz Financial                      Balance: \$15,000.00  
P.O. Box 685  
Roanoke, TX 76262

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

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

2012 FEB 28 A 11: 12

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**HRMM & L**

**HAMBURG, RUBIN, MULLIN,  
MAXWELL & LUPIN, PC**  
ATTORNEYS AT LAW

MC HR FEB27\*12 AM 9:48

www.HRMML.com

J. Edmund Mullin  
Steven H. Lupin  
William C. Roeger, Jr.  
Douglas I Zeiders  
Carl N. Weiner  
Jonathan Samel, LL.M.  
Merle R. Ochrach  
Mark F. Himsworth  
Steven A. Hann  
Steven B. Barrett  
Christen G. Pionzio  
Joseph J. McGrory, Jr.  
Diane K. Foxman  
Robert E. Slota, Jr.  
James C. Walker  
Kermit L. Rader  
Susan E. Piette  
Ethan R. O'Shea  
Bernadette A. Kearney  
Paul G. Mullin  
John J. Jannozi  
Timothy P. Briggs  
William G. Roark  
Andrew P. Grau, LL.M.  
Collin T. Keyser  
Matthew L. Erlanger  
James S. Lee

OF COUNSEL:  
J. Scott Maxwell  
Edward Rubin

February 22, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Montgomery County  
Human Resources Department  
One Montgomery Plaza, Suite 506  
Norristown, PA 19404  
Attention: Personnel Department

**Re: Statement of Financial Interests – 2011**

Dear Personnel Department:

Enclosed you will find my ethics statement outlining my financial interests. Please retain for your files.

Very truly yours,

HAMBURG, RUBIN, MULLIN,  
MAXWELL & LUPIN

By: \_\_\_\_\_

JOSEPH J. MCGRORY, JR.

RECEIVED  
2012 FEB 28 A 11:12  
OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA

LANSDALE  
ACTS Center – Blue Bell  
375 Morris Road  
Post Office Box 1479  
Lansdale, PA 19446-0773  
Phone 215-661-0400  
Fax 215-661-0315

PERKASIE  
LIMERICK  
ALLENTOWN  
HARRISBURG

JJM: kmc

encl

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C I N T Y R E C O L L E E N

02 ADDRESS City State Zip Code

PO Box 311 Courthouse Norritown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A District Attorney's Office

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 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Fed loan Semang Address: P.O. Box 69184 Harrisburg PA 17109

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: PO Box 311 Courthouse Norritown PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

S [Redacted] Enter Current Date 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 M C M E N A M I N C A R A M

02 ADDRESS DISTRICT ATTORNEY'S OFFICE City NORRISTOWN State PA Zip Code 19404  
 4TH FL - MONTGOMERY COUNTY COURTHOUSE

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A DISTRICT ATTORNEY'S OFFICE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY, PA Address: P.O. Box 311 NORRISTOWN PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) BOARD OF DIRECTORS 423 CANDLEWOOD RD  
 Name: ROSE TREE WOODS SWIM CLUB Address: BROWNALL PA 19008 Position Held: DIRECTOR, BOARD

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

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Enter Current Date 4/27/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M C N U L T Y L A U R E N I

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor F  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: AES Address: 1200 N 7TH ST HARRISBURG, PA 17102

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/11/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
 2012 MAY 14 A 11:21  
 OFFICE OF  
 VOTER SERVICES  
 MONTGOMERY CO PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M I L L E R B A R R Y M

02 ADDRESS City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold  held

A S O L I C I T O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y C O M M I S S I O N E R S

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 12 below represents financial interests for the PRIOR calendar year indicated.

Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Citizens Bank Address:   
Line of Credit \$75,000 - Zero Balance

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: Norristown, PA 19401   
Law Offices of Barry Miller 54 E. Penn St, Norristown, PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Law Offices of Barry Miller Address: 54 E. Penn Street Norristown, PA 19401 Owner/Attorney

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

Law Offices of Barry M. Miller, 54 East Penn Street, Norristown, PA 19401 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the 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 law (relating to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 1/27/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
FEB-1 10 18  
MONTGOMERY COUNTY PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M I L L E R D A R E N D

02 ADDRESS City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A INTERNAL AUDITOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

INTERNAL AUDITOR 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) if NONE, check this box.

Name: WELLS FARGO Address: CHARLOTTE NC Interest Rate: Prime + 1/2%

JP MORGAN CHASE Address: NEW YORK CITY NY Interest Rate: 9%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: DEVRY UNIVERSITY Address: FT WASHINGTON, PA

OFFICE OF THE STATE ETHICS COMMISSION  
RECEIVED  
2012 MAR 19 AM 11:51

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Data Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/19/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Mitchell Milledred M



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A First Deputy Prothonotary

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

First Deputy Prothonotary

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: American Heritage Federal Credit Union, US Bank  
Address: 2300 Red Lion Road, Philadelphia, PA 19115, PO Box 790179, St Louis, MO 63179

Interest Rate: 7.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: County of Montgomery  
Address: PO Box 311, Norristown, PA 19381

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [Blank]

Address of Source of Gift: [Blank]

Circumstances (including description) of Gift: [Blank]

Value of Gift: [Blank]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [Blank]

Value: [Blank]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): [Blank]

Name: [Blank] Address: [Blank] Position Held: [Blank]

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: [Blank]

Interest Held: [Blank]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER. (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [Blank]

Transferee (Name and Address): [Blank]

Interest Held Relationship Date Transferred: [Blank]

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, 85 Pa.C.S. §1109(b).

Signature

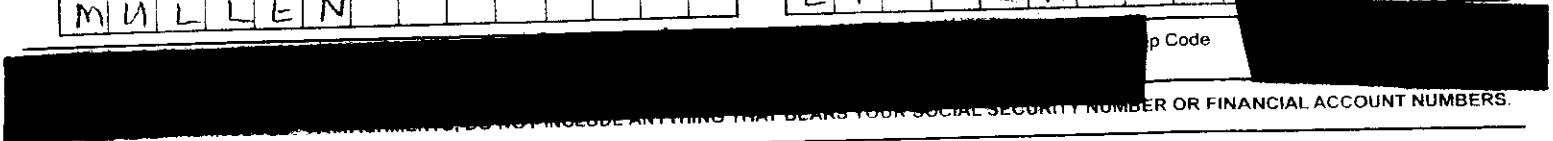
Enter Current Date 5/1/2011

RECEIVED  
MAY 16 11:11 AM '11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: M U L L E N      FIRST NAME: E I L E E N      MI: A      SUFFIX: S



03 STATUS:  Candidate (including write-in)     Public Official (Current)     Public Employee (Current)     Public Official (Former)     Public Employee (Former)     Check this block if you are filing as a solicitor     Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)    seeking  hold  held  held

A MEMBER WORKFORCE INVESTMENT     seeking     hold     held

B BOARD MONTGOMERY COUNTY

05 GOVERNMENTAL ENTITY in 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 WORKFORCE

B INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
DIRECTOR, TRAINING + DEVELOPMENT,  
ASTM INTERNATIONAL

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  AMERICAN SAVINGS BANK

Name: TRUMARK FINANCIAL CREDIT UNION    Address: 1000 NORTH BROOK DRIVE, POTTSDAM, PA 17855

CHASE MASTER CARD

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg 2) ONLY IF NONE check this box.

Name: ASTM INTERNATIONAL    Address: 100 BANK HARBOR DRIVE, POTTSDAM, PA 17855

WIDENER UNIVERSITY    Address: One University Plaza, Chester, PA 19013

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_    Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_    Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_    Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_    Address: \_\_\_\_\_    Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_    Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_    Interest Held Relationship: \_\_\_\_\_    Date Transferred: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_    Enter Current Date: 3-14-12

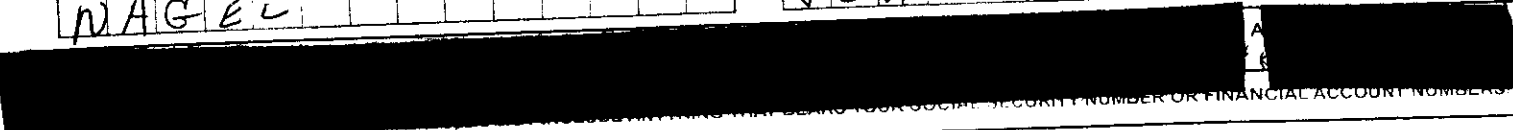
REMEMBER: DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MAGEL JOAN H



03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A 1ST DEPUTY REGISTER OF WILLIS

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

SAME

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY Address: PO Box 311 NORRISTOWN, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalty provided in the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 4/30/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

RECEIVED  
 2012 APR 30 P 3:20  
 MONTGOMERY COUNTY ETHICS COMMISSION

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NE LSON STEVEN Z

02 ADDRESS City State Zip Code

PO Box 311 NORRISTOWN PA 19401

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A member  seeking  hold  held

B DIRECTOR OF POLICY  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A HORSHAM TWP AUTHORITY WILLOW GL

B MONTGOMERY CO

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

DIRECTOR OF POLICY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2): Creditor (Name and Address) If NONE, check this box.

Name: DISCOVER Address: PO Box 1515C WILMINGTON DE 19850

Interest Rate: 9.99% (OFFICIAL USE ONLY)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address: PO Box 311 NORRISTOWN PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_ Position Held: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Transferee (Name and Address): \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Access to Information Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 3/19/2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N E L S O N S T E V E N L

02 ADDRESS PO Box 311 NORRISTOWN PA State Zip Code 18901

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MEMBER W I B  seeking  hold  held

B ~~MEMBER~~

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O W I B

B ~~DIRECTOR~~

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: DISCOVER Address: PO Box 15156  
Wilmington DE 19856

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address: PO Box 311  
NORRISTOWN PA 18901

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/19/2012

RECEIVED  
2012 APR 18 2:35  
OFFICE OF THE  
VOTER SERVICES  
MONTGOMERY CO PA



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Newcomer Philip W

02 ADDRESS City State Zip Code

Montgomery Co. Solicitor's Office, P.O. Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Chief of Litigation

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Mazda American Credit Address: P.O. Box 542000  
Omaha, NE 68154-8000

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: County of Montgomery Address: P.O. Box 311  
Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty prescribed by 49 Pa.C.S. §1604 (concerning falsification to the public) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N I C H O L S J A M E S S

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Former) D  Public Employee (Former) E  Check this block if you are filing as a solicitor

O  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M A N A G E R  seeking  hold  held

B W I B M E M B E R  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A P A D E P T O F L A B O R I N D U S T R Y

B M O N T G C O W O R K F O R C E I N V E S T M E N T B O A R D

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:

M A N A G E R 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: COMMONWEALTH OF PA DEPT OF LABOR AND INDUSTRY Address: 651 BOKS ST HANISBURG, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 1/3/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 NOONAN THOMAS J



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF FINANCIAL OFFICER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B PARKHOUSE PROVIDENCE POINTE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

CHIEF FINANCIAL OFFICER

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties...

Signature

Enter Current Date 2-9-2012

MAKING A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **MUGENT** FIRST NAME **JOHN** MI **F** SUFFIX **III**

02 ADDRESS [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **MEMBER**

B **EXECUTIVE DIRECTOR**

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **HOUSING AUTHORITY OF MONT CO**

B **REDEVELOPMENT AUTHORITY MONT CO**

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **EXECUTIVE DIRECTOR**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

OFFICE OF VOTER SERVICES MONTG. CO. PA. RECEIVED FEB - 7 A 11 56 OFFICIAL USE ONLY

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Official Code of Pennsylvania, Title 58, Chapter 11, Section 1101(b).

Signature [REDACTED] Enter Current Date **2-3-12**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME UCHRIOCH FIRST NAME JAY MI G SUFFIX

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor F  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DIRECTOR-VICE CHAIR seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g. dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY CITY Redevelopment AUTH

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) City (senior)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

home owned w/ spouse

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: INFINITI FIN SERVICES Address: Wilmington, DE Interest Rate

BoFA

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: FOX Rothschild, LLP Address: 2000 MARKET ST, Phila PA 19103 (OFFICIAL USE ONLY)

IRA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) JOZKOR CO, LLC

Name: BRIGANTINE SUPPLY, INC Address: C/O FOX ROTHSCHILD Position Held: OFFICER & Director Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business N/A Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) N/A Interest Held

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

RECEIVED  
2012 MAR 20 A 10:02  
NOTES  
MONTGOMERY CO PA

Enter Current Date 3/19/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Connor FIRST NAME Laurie MI G SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Director

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Office of Children and Youth

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Public Child Welfare

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 2/8/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Olivieri Anthony J JR

02 ADD [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Deputy Director ITS

B [REDACTED]

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A [REDACTED]

B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Deputy Director Information Technology

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Rosemarie Olivieri Wife Address: 1121 Doris Lane East Norriton PA 19043

RECEIVED FEB-9-12

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 2/9/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

OLSZEWSKI JOANNE C

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A JURY COMMISSIONER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

JURY COMMISSIONER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ALLY (CHEVROLET CREDIT) Address: P.O. Box 78234 PHOENIX, AZ 85002

Interest Rate APR 27 A of S RECEIVED

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

① Montgomery Co. P.O. B 311 NORRISTOWN, PA 19404  
② CISCO'S BAR & GRILL - 1538 BELLEVUE PK, FLOUERTOWN PA 1931  
③ UBS FINANCIAL SERVICES 1735 MARKET ST. PHILA 19103

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the State and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/27/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

O'Neill A l e c M

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Official (Former) E  Check this block if you are filing as a solicitor F  Public Employee (Current) G  Public Employee (Former) H  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: U.S. Department of Education Federal Direct Loans Address: Washington, DC 2002 Interest Rate: 6.8

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

5/4/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

P A L E R M O M I C H A E L J

02 ADDRESS

[REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT INFORMATION.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A REAL ESTATE ASSESSOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

REAL ESTATE ASSESSOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. §4904 (unsworn false testimony) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 3/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 MAR 19  
A 10:43  
VOTING CENTER  
MONTGOMERY COUNTY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PARDUE DONNA M

02 ADDRESS City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR OF HUMAN RESOURCES  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

DIRECTOR OF HUMAN RESOURCES 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 3/5/2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Passarella Joseph R



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A Director of Water Services

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Director of Water Services 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Montgomery County Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED BY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

OFFICE OF VOTER SERVICES MONTG. CO. PA

2012 MAR 30 P 2:28

RECEIVED

Signature: [Redacted] Enter Current Date: 3/30/12

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PHIFER KATHY L

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A DIRECTOR HOUSING & COMM DEVELOP

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Director of Housing & Comm Dev 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: Courthouse Norristown PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the provisions of the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
PORTNER HARVEY

COUNTY OF RESIDENCE

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Public Official (Former) F  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold  held  
A COMMISSIONER  
B

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)  
A WORKFORCE INVESTMENT BOARD  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information below represents financial interests for the PRIOR year.  
PARTNER / PRIVATE LICENSED SCHOOL 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). If NONE, check this box.   
Creditor  
10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.   
Name Address  
PHT 1333 W. CHELTONHAM AVE. ELKINS PARK, PA. 19027  
CHELTONHAM TOWNSHIP 8230 OLD YORK RD. ELKINS PARK, PA. 19027

OFFICE OF  
NOTER SERVICES  
MONTG. CO. PA.  
APR 13 P 2 34  
RECEIVED

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held  
PROFESSIONAL HEALTHCARE INSTITUTE ELKINS PARK, PA. 25%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Date 03.27.12

IF ABOVE ARE NOT COMPLETED

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Partner FIRST NAME ROY MI B SUFFIX

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):  
A WIA Member seeking  hold  held   
B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, rep., etc.)  
A MONTGOMERY COUNTY WORKFORCE  
B INVESTMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) INSURANCE BROKER  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) IF NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) IF NONE, check this box.   
Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including but not limited to all employment (See instructions on pg. 2) ONLY IF NONE, check this box.   
Name: Allstate Benefits Address: JACKSONVILLE, FL.

11 GIFTS (See instructions on page 2) IF NONE, check this box.   
Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_  
Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.   
Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.   
Business Entity (Name and Address): \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.   
Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_  
Date Transferred: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.   
Business (Name and Address): \_\_\_\_\_ Transferee (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_  
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 any penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Enter Current Date 4/3/2012  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PRICE JOAN

02 ADDRESS City State Zip Code

Montgomery City Courthouse, POBx 311, Norristown PA 19004

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SOLICITOR

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY CITY BOARD OF ASSMT

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. §4094 for persons filing statements under the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/15/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 MAR 19 A 10:43  
OFFICE OF THE STATE ETHICS COMMISSION  
MONTGOMERY, PA



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PROUST STEPHEN A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

TRANSPORTATION AUTHORITY

seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Stephen Proust Address: Same

Electrical Eng + Cont

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Puls Address: Bethlehem PA Employee

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned certifies that the information provided herein is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign: [Redacted] Enter Current Date 3/14/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

P t a s z e n s k i L i n d s a y M

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B M E M B E R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Workforce Investment Board

B Montgomery County Youth Council

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.

Community Relations 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: BMW Financial Services Address: 300 Chestnut Ridge Rd Woodcliff Lake, NJ 07677-1177

Interest Rate: 2.9%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Rental Property Address: 338 E Hector St. Conshohocken, PA 19388

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: J.P. Mascaro & Sons Address: 2650 Audubon Rd. 19403 Director of Educ. & Comm. Relations

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign: [Redacted] Enter Current Date: 3/21/12  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Q U I G G M A T T H E W W

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: TOYOTA FINANCIAL Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  (OFFICIAL USE ONLY)

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the State Ethics Law (Act of July 19, 1972 (P.S. § 1109(b))) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter-Current Date: 5/7/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY DESIGNATED AREA IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

RAQUET MAUREEN G

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY YOUTH CTR

B SJDP/PCCD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

SAME AS BLOCK 4 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ALLY CITIZEN'S CAR LOAN Address: CAR LOAN

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: MONTGOMERY COUNTY WEST CHESTER UNIV Address: 540 PORT INDIAN RD, ROSEDALE AVE, WEST CHESTER PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address: Interest Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 65 Pa.C.S. § 1109(b), the Public Access to Information Act, 65 Pa.C.S. § 1109(b), and the Public Access to Information Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 2-13-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: R H O A D S  
 FIRST NAME: A D A M  
 MI: D  
 SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARNS YOUR NAME OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A RESIDENTIAL ASSESSOR  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY OF PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 Residential Insurance

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Capital One ~~Auto Finance~~ Address: 3105 N. Dallas Pkwy, Plano, TX 75093

Interest Rate: 7.92% (Official Use Only)

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: JST Enterprises Principal Financial Group Address: 31st E. North Lane, Conshohocken Pa, 711 High Street Des Moines Ia 50312

Value of Gift: \$9,000 (Official Use Only)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: [Blank]

Address of Source of Gift: [Blank]

Circumstances (including description) of Gift: [Blank]

Value of Gift: [Blank]

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [Blank]

Value: [Blank]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): [Blank]

Name: [Blank] Address: [Blank] Position Held: [Blank]

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: [Blank]

Interest Held: [Blank]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [Blank]

Transferee (Name and Address): [Blank]

Interest Held: [Blank] Relationship: [Blank] Date Transferred: [Blank]

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

R E I F S N Y D E R N I C H O L A S J

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/21/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME RICHARDS FIRST NAME LESLIE MI S SUFFIX

02 ADDRESS Court House, P.O. Box 311 City Norristown State PA Zip Code 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A COMMISSIONER

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Planner

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name Discover Card Address Discover Financial Services  
P.O. Box 3023 New Albany, OH 43054

Interest Rate 13.2%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name ACT Engineers Address 1 Washington Blvd, Suite 3 Robbinsville NJ 08691  
Whitemarsh Township 616 Germantown Pike, Lafayette Hill PA 19444

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Hadassah of Greater Philadelphia Address 1518 Walnut St, Suite 535 Philadelphia PA 19102 Position Held Executive Board Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 6904 (b) and the Public Access to Information Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Current Date 4-29-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

R I C H M A N B R A D F O R D A

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A S S I S T A N T D I S T R I C T A T T O R N E Y

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SEE SUPPLEMENTAL PAGE Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

ALSO SEE SUPPLEMENTAL PAGE

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of the undersigned's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date April 30, 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
MONTGOMERY COUNTY  
MAY -28 P 46  
(OFFICIAL USE ONLY)



2011  
STATEMENT OF FINANCIAL INTERESTS  
SUPPLEMENTAL PAGE

RICHMAN, BRADFORD A.  
Montgomery County Courthouse - 4<sup>th</sup> Floor  
Swede & Airy Sts.  
Norristown, PA 19404  
610-278-3100

09 CREDITORS:

Firsttrust Saving Bank	Philadelphia, PA	Various
Police & Fire Federal Credit Union	Philadelphia, PA	4.5%
Household Bank		
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
Saltz Mongeluzzi Barrett & Bendesky, PC	Philadelphia, PA

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY - 2 P 3:46

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
R I C H M A N B R A D F O R D A

02 ADDRESS City State Zip Code  
P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
B  Nominee C  Public Official (Former) D  Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A A S S I S T A N T D I S T R I C T A T T O R N E Y  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A M o n t g o m e r y C o u n t y  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
Assistant District Attorney 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: SEE SUPPLEMENTAL PAGE Address:

10 DIRECT OR INDIRECT SOURCE OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  
Name: Montgomery County Address: P.O. Box 311  
ALSO SEE SUPPLEMENTAL PAGE Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held  
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

The undersigned hereby certifies that the information herein is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).  
Signature: [Redacted] Enter Current Date April 30, 2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 MAY -1 9 3:36  
OFFICE OF  
VOTER SERVICES  
MONTG. CO PA

2011  
STATEMENT OF FINANCIAL INTERESTS  
SUPPLEMENTAL PAGE

RICHMAN, BRADFORD A.  
Montgomery County Courthouse - 4<sup>th</sup> Floor  
Swede & Airy Sts.  
Norristown, PA 19404  
610-278-3100

09 CREDITORS:

Firsttrust Saving Bank	Philadelphia, PA	Various
Police & Fire Federal Credit Union	Philadelphia, PA	4.5%
Household Bank		
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
Saltz Mongeluzzi Barrett & Bendesky, PC	Philadelphia, PA

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY -1 P 3:36

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: R I M E L  
 FIRST NAME: W I L L I A M  
 MI: P SUFFIX: [ ]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M O N T G O M E R Y C O U N T Y H E A L T H A N D  
 seeking  hold  held

B H I G H E R E D U C A T I O N A U T H O R I T Y  
 seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y H E A L T H A N D  
 seeking  hold  held

B H I G H E R E D U C A T I O N A U T H O R I T Y  
 seeking  hold  held

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 S E L F E M P L O Y E D

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: S O C I A L S E C U R I T Y  
 A F L A C Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_ Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_ Position Held: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Interest Held: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Mer Current Date: 1-22-12

2012 APR 24 P 5:54  
RECEIVED  
NOTES & COMMENTS  
PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
**RUTKOWSKI** **JOSEPH**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing  
B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held  
A **REAL ESTATE ASSESSOR**  
B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A **MONTGOMERY COUNTY**  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **REAL ESTATE ASSESSOR**  
07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Address:  
Interest Rate: **0%**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: **Montgomery County** Address: **Courthouse P.O. Box 311 Norristown, PA 19404**

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: **3-1-12**  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

RECEIVED  
MAR 19 10 03  
OFFICIAL USE ONLY  
VOTER SERVICES  
MONTGOMERY COUNTY

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: Ryan  
 FIRST NAME: Suzanne  
 MI:   
 SUFFIX:   
 [Redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Montgomery County WIB  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County WIB

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Governmental Affairs Rep.

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2). IF NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) IF NONE, check this block.

Name: PECO Address: 2301 Market Phila PA 19103

OFFICE OF THE VOTER SERVICE CENTER MONTGOMERY COUNTY PA 19103  
 APR 13 10:23:35  
 RECEIVED  
 OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 1-31-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
S A L U S J A S O N E

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A T R E A S U R E R  seeking  hold  held  
B D I R E C T O R  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A M O N T G O M E R Y C O U N T Y  
B M O N T C O I N D U S T R I A L D V P T A U T H

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:  
T R E A S U R E R 2 0 1 1

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: NISSAN Address: P.O. BOX 17275 BALTIMORE, MD 21297-1275 Interest Rate: 4.5%  
SALLIE MAE Address: P.O. BOX 9632, WILKES-BARRE, PA 18773 Interest Rate: 8.375%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.  (OFFICIAL USE ONLY)  
Name: MT. AIRY USA Address: 6703 GERMANTOWN AVE., STE 200, PHILA, PA 19119  
BOROUGH OF CONSHOHOCKEN 1 W. 1st AVENUE, CONSHOHOCKEN, PA 19428  
012 APR BOA  
RECEIVED

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift Value of Gift  
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held  
Name: SEE ATTACHMENT Address: SEE ATTACHMENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address) Interest Held Relationship Date Transferred  
Transferee (Name and Address)

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Enter Current Date 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SANDLER KAREN W DR

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):  seeking  hold  held

A W I B M E M B E R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T C O W O R K F O R C E I N V E S T M E N T

B B O A R D

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:

College Administrator 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Penn State University Abington Address: 1600 Woodland Abington, PA 19001

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided by 65 Pa.C.S. § 1109(b).

Enter Current Date: 3-28-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SANDB MICHAEL P

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSESSOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

ASSESSOR 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/1/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

RECEIVED  
MONTGOMERY COUNTY ETHICS COMMISSION  
APR 19 2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S C H A A F D A V I D M M R

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR SOCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B M E M B E R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y W O R K F O R C E

B I N V E S T M E N T B O A R D

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:

ELECTRICIAN 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: LOCAL 380 IBEW Address: 3900 RIDGE PIKE COLLEGEVILLE, PA. 19126

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: LOCAL 380 IBEW Address: 3900 RIDGE PIKE BUSINESS MANAGER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalty provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

OFFICE OF VOTER SERVICES MONTG. CO. PA. RECEIVED APR 13 P 2:35

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S c h a d l e r N a t h a n J

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A s s i s t a n t D i s t r i c t A t t o r n e y

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant District Attorney 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: American Education Services (2 loans) Address: PO Box 2461

Mercedes Financial, Ford Financial Harrisburg, Mercedes Benz West Chester

Interest Rate: 1.75/3.5/4.1/1.9

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311

Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 5/1/2012

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHAIBLE RANOALL K

02 ADDRESS City State Zip Code

County of Montgomery Court House P.O. Box 311 Norristown PA 19409

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DEPUTY CONTROLLER  seeking  hold  held

B BOARD MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B WASTE SYSTEMS AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Deputy Controller 2012

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:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 03/23/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S C H A F F E R D O N N A m



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A R E S I D E N T I A L A S S E S S O R

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A B O A R D O F A S S E S S M E N T

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Residential Assessor

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Bank of America Address: ?

Discover Address: ?

Interest Rate 7.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY County Address: Norristown PA 19004

NO. OF EMPLOYERS 1

OFFICIAL USE ONLY RECEIVED APR 19 2011

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift 43

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-1-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Schmidt Peggy S

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Workforce Investment Board

B Member

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County WIB

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Executive Director

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

None

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Partnership TMA  
Great Tours of America

Address: 135 N. Main St North  
155 Forest Way Hatfield Pa

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Great Tours of America Address: 155 Forest Way Hatfield

Position Held: President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Great Tours of America 155 Forest Way Hatfield

Interest Held: 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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2012 APR 13 PM 2:35  
OFFICE OF THE  
VOTER SERVICE  
MONTGOMERY COUNTY

The undersigned certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 11/12/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **SCHNEIDER** FIRST NAME: **ELEANOR** MI: **G** SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A **DIRECTOR HUMAN RESOURCES**  seeking  hold  held

B **COMMISSIONER LOWER MORELAND**  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **DIRECTOR HUMAN RESOURCES**

B **COMMISSIONER LOWER MORELAND**

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **Director, Human Resources**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: **Ford Credit, Pittsburgh, PA - 0%** Address: **AMEX, NEWARK NJ 1524** Interest Rate:

Name: **First Universal Columbus, OH 21.49** Address: **FIA Wilmington, DE 2195**

Name: **Discover Card, DC 27.49**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: **County of Montgomery** Address: **PO Box 34 Northtown, PA road**

**Top of Lower Moreland** **640 Red Lion Rd. Hunt, Vly, PA. 19066**

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift:  Value of Gift:

Address of Source of Gift:  Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):  Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address):  Position Held:

Name:  Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business:  Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address):  Interest Held:

Transferee (Name and Address):  Relationship:  Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: **[Redacted]** Enter Current Date: **4/30/12**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SCHUDA FRANCES E

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DIRECTOR OF NURSING  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

DIRECTOR OF NURSING 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block:

Name: BURNS, WHITE LLC MINDY COHEN, LLC Address: PHILA, PA. VILLANOVA, PA.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by law for false statements to authorities and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 2/10/12

RECEIVED  
2012 FEB 2 PM 1:14  
OFFICE OF  
VOTER SERVICES  
MONTG. CO.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S	H	A	C	K	L	E	T	T											
J	A	M	E	S														H	III

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M E M B E R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C I Y H I G H E R E D & H E A L T H A U T H .

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Chief Executive Officer 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: National Label Company Address: 2025 Joshua Rd., Lafayette Hill, PA 19444

Delaware Valley Reg. Finance Auth.

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: National Label Company Address: 2025 Joshua Rd., Lafayette Hill, PA 19444 Chief Exec. Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

National Label Co., 2025 Joshua Rd., Lafayette Hill, PA 19444 19.23%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig. [Redacted] Enter Current Date 4/19/12

Line 14 Financial Interest  
Page -2-  
James H. Shacklett, III

Bel Air Aviation, LLC 100%  
956 Charlotte Street  
Pottstown, PA

Shacklett Consulting, LLC 50%  
2025 Joshua Rod  
Lafayette Hill, PA 19444

Shacklett Realty, LP 9.51%  
2025 Joshua Road  
Lafayette Hill, PA 19444

Shacklett Realty, LLC 33.33%  
2025 Joshua Road  
Lafayette Hill, PA 19444

1128 Realty Investments, GP LLC 50%  
511 Germantown Pike  
Lafayette Hill, PA 19444

1128 Realty Investments, LP 49.50%  
511 Germantown Pike  
Lafayette Hill, PA 19444

Eagle Machine 50%  
2025 Joshua Road  
Lafayette Hill, PA 19444

Eagle Realty Holdings, LP 24.75%  
2025 Joshua Road  
Lafayette Hill, PA 19444

Eagle Realty Holdings GP, LLC 25%  
2025 Joshua Road  
Lafayette Hill, PA 19444

NOTED FOR  
MIDNITE 10/11/12

2012 APR 24 P 5:53

RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H A P I R O J O S H



03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C O M M I S S I O N E R  seeking  hold  held

B S E E A T T A C H M E N T 1  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B S E E A T T A C H M E N T 1

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

COMMISSIONER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SEE ATTACHMENT 2 Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: SEE ATTACHMENT 3 Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: SEE ATTACHMENT 4 Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/27/12

Statement of Financial Interests  
Attachment 1 for Josh Shapiro

04-05 PUBLIC POSITION OR PUBLIC OFFICE/ GOVERNMENTAL ENTITY

- B. State Representative – Pennsylvania General Assembly, 153<sup>rd</sup> Legislative District (Held)
- C. Member, State Planning Board, Legislative Appointee (Held)
- D. Member, Tobacco Settlement Investment Board, Legislative Appointee (Held)
- E. Chairman, Legislative Audit and Advisory Commission, Legislative Appointee (Held)

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2012 MAY -1 A 11:15

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

Statement of Financial Interest  
Attachment 2 for Josh Shapiro

09 CREDITORS

Creditor and Description	Interest Rate
Toyota Financial Services	Auto Lease (no interest rate)
Access Group, Student Loan	6.1%
USA Bank	Auto Lease (no interest rate)

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2012 MAY -1 A 11:15

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

Statement of Financial Interests  
Attachment 3 for Josh Shapiro

10 DIRECT OR INDIRECT SOURCES OF INCOME

Name: Commonwealth of Pennsylvania  
Address: 130 Main Capitol, Harrisburg, PA 17120

Name: Stradley, Ronon, Stevens, & Young LLP  
Address: 2005 Market Street, Philadelphia, PA 19103

Name: Kornblau & Kornblau  
Address: 610 Harper Avenue, Jenkintown, PA 19046

OFFICE OF  
VOTER SERVICES  
MONTG. CO. PA.

2012 MAY - 1 A 11: 15

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Statement of Financial Interests  
Attachment 4 for Josh Shapiro

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Name	Address	Position Held
Stradley, Ronon, Stevens, & Young LLP	2005 Market Street Philadelphia, PA 19103	Employee Attorney (of Counsel)
Abington Police Athletic League	1166 Old York Road Abington, PA 19001	Board Member
Pennsylvania Law Enforcement Accreditation Commission	Pennsylvania Chiefs of Police Association 3905 N. Front Street Harrisburg, PA 17110	Board Member
Penn State - Abington	1600 Woodland Road Abington, PA 19001	Advisory Board Member

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2012 MAY - 1 A 11: 15

OFFICE OF  
VOTER SERVICES  
MONROE CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H A R K E Y D E N N I S J

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A B O A R D M E M B E R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T C O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

S A M E A S B L O C K 4

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-2-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2012 MAR 19 AM 11:43  
MONTGOMERY COUNTY



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S H I E L D S M I C H A E L C

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Official (Former) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT SOLICITOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

LAWYER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) if NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: PRIVATE LAW PRACTICE Address: 28 W. AIRY ST NORRISTOWN PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: MICHAEL C. SHIELDS, ATTORNEY AT LAW Address: 28 W. AIRY ST NORRISTOWN PA 19401 OWNER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

See #13

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 1/19/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

OFFICE OF THE STATE ETHICS COMMISSION  
MONTGOMERY COUNTY, PA  
2012 JAN 30 11:11  
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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: [S H I V E C K Y] FIRST NAME: [J E R R Y] MI: [M] SUFFIX: [ ]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A U N I O N M E M B E R  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O C O W O R K F O R C E I N T U B O A R D

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
EXEC DIRECTOR MCIU

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
0 1 1 2

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: M O C O I U Address: BONDSTOWN, PA

OFFICE OF VOTER SERVICES MONTHS CO

RECEIVED

0712 APR 13 P 235

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11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned to the penalties \_\_\_\_\_ that the foregoing is true, 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).

Sign \_\_\_\_\_ Enter Current Date 01/23/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S I B L E Y S C O T T W

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A BOARD OF DIRECTORS  seeking  hold  held

B BOARD OF DIRECTORS  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTG CO CONSERVATION DISTRICT

B MONTG CO TRANSPORTATION AUTH

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:

ENGINEERING MANAGER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: 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, check this block.

Name: GANNETT FLEMING, Inc. Address: PO Box 67100, HARRISBURG PA 17106

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: GANNETT FLEMING, INC. Address: PO Box 67100, HBL PA 17106

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned, [Redacted], certifies that the information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign: [Redacted] Enter Current Date: 2-13-12

**Scott Sibley  
Statement of Financial Interests  
2011**

**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%

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%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S I E W E R T H E R M A N A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2).

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A C O M M E R C I A L A S S E S S O R / S U P E R V I S O R

seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A C O U N T Y O F M O N T G O M E R Y B O A R D O F

B A S S E S S M E N T A P P E A L S

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

COMMERCIAL ASSESSOR SUPERVISOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.

2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: C-21 ALLIANCE R.E. Address: 762 E. MAIN ST  
LANSDALE PA 19446

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: TITO ENTERPRISES LLC Address: 642 COWPATH RD # 292  
LANSDALE PA 19446 GENERAL PARTNER

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

TITO ENTERPRISES LLC 642 COWPATH RD # 292  
LANSDALE PA 19446 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SILVERMAN ABIGAIL J

02 ADDRESS City State Zip Code

Courthouse 4th Floor Norristown Pa 19304

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASST DISTRICT ATTY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Asst. District Atty. 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Address: Norristown, Pa 19304

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name): Interest Held Relationship Date Transferred:

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(f).

Enter Current Date 4/27/12

IF THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME Smyth FIRST NAME William MI J. SUFFIX

COUNTY OF RESIDENCE Montgomery

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are  seeking  hold  held

A COUNTY ASSESSOR  seeking  hold  held

B

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)

A MONTGOMERY COUNTY BOARD OF

B ASSESSMENT

06 OCCUPATION OR PROFESSION (This may be the same as block 4) County Assessor

07 YEAR The information below represents financial interests for the PRIOR year. 0011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor

Interest Rate

RECEIVED  
2012 MAR 19 A 10:43  
NOTES SECTION  
MONTGOMERY COUNTY

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box.

Name Montgomery County Address Box 311 Court House  
Merion Station Pa

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Value of Gift

Address of Source of Gift

Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held  
Relationship  
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Date 3/1/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S N Y D E R F R A N K T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF PROCUREMENT OFFICER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Same 2012

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: St. John's Lutheran Church Address: Phoenixville, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

OFFICE OF VOTER SERVICES MONTG CO PA RECEIVED 2012 MAY - 31



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Snyder Jeffrey E

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B Member  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Workforce

B Investment Board

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 6 through 15 below represent financial interests for the PRIOR calendar year indicated:

Chief Executive Officer 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: Mary Health System Address: 2701 Dekalb Pike, Norristown, PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Merry Suburban Hospital Address: 2701 Dekalb Pike, Norristown, PA Director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

Vibrant Medspa, 2056 Rt. 6 West, Norville, NJ 07861 33%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the State Election Code (Act 77 of 1970) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 1/26/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME SPEERS FIRST NAME THOMAS MI SUFFIX J

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A SOLICITOR PLYMOUTH TOWNSHIP

B SOLICITOR SHERIFF OFFICE

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PLYMOUTH TOWNSHIP

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: VIST BANK Address: P.O. BOX 741

LEESPORT PA 19533

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: LAW FIRM Address: 651 W. GERMANTOWN PIKE

PLYMOUTH TOWNSHIP, PA 19462

2012 APR 11 RECEIVED 4:45

200 LOANS Interest Rate 3.25% 5.0%

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: CONTINENTAL BANK FOUNDATION Address: 661 W. GERMANTOWN PIKE Position Held: DIRECTOR

PLYMOUTH MEETING, PA 19462

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/25/2012

STATEMENT OF FINANCIAL INTEREST

04 Public Position or Public Office  
C Solicitor Civil Service Board

Held - 2011

05 Government Entity  
C Plymouth Township

RECEIVED

2012 APR 27 A 9:45

OFFICE OF  
VOTING SYSTEMS  
MONTEGUE, CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SQUILLACE FLORENCE A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold held

A CHIEF ASSESSOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Chief Assessor 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: COURT HOUSE  
P.O. BOX 311 NORRISTOWN PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/2/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

VOLUNTARILY FILED  
MONTGOMERY COUNTY  
2012 MAR 19 A 10:43  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

STAERK JAMES W

02 ADDRESS City State Zip Code A

P.O. Box 311 Norristown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Bank of America Address: P.O. Box 15070 Wilmington, DE 19850

INTEREST RATE: 7.9

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE check this box

Name: Montgomery County, PA Address: P.O. Box 311 NORRISTOWN, PA 19404-0311

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Access to Information Law, Act 171 of 2008, and the Public Access to Information Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 5-1-2012

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S T E E L E K E V I N R

02 ADDRESS City State Zip Code

P.O. BOX 311 NORRISTOWN PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A I S T A S S I S T A N T D I S T R I C T A T T O R N E Y  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A D I S T R I C T A T T O R N E Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

PROSECUTOR 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SEE ADDENDUM Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: MONTGOMERY COUNTY CABRINI COLLEGE Address: NORRISTOWN, PA RADNOR, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

SEE ADDENDUM

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: SEE ADDENDUM Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4-30-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**ADDENDUM**

**Statement of Financial Interests  
Kevin R. Steele  
2012**

9. CREDITORS

<u>Creditor</u>	<u>Interest Rate</u>
American Express	15.24%
Bank of America	15.99%
Acura Financial Services	4.9%
Pacific Life	4.25%

10. SOURCES OF INCOME

<u>Source Income</u>	<u>Address</u>
County of Montgomery	Norristown, PA
Cabrini College	Radnor, PA

11. GIFTS

<u>Source</u>	<u>Address</u>	<u>Value</u>	<u>Circumstances</u>
None			

12. TRANSPORTATION, HOSPITALITY, LODGING

<u>Source</u>	<u>Address</u>	<u>Value</u>
PA DA Assn.	Harrisburg, PA	Unknown

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

<u>Entity</u>	<u>Position Held</u>
Penn Wynne/Overbrook Hills Fire Department	Vice-President
Penn State-Dickinson General Alumni Association	Board of Directors
Penn State Alumni Association	Executive Board

RECEIVED  
MAY 2 - 1 P 3:36  
OFFICE OF  
PROPERTY SERVICES  
MONTG. CO. PA.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: S T O U T  
 FIRST NAME: K A R E N  
 MI: A  
 SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (Including write-in)    C  Public Official (Current)    D  Public Employee (Current)    E  Check this block if you are filing as a solicitor

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B M E M B E R

seeking  hold  held

B P R E S I D E N T M O N T C O C O M M C O L L E G E

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y W O R K F O R C E

B I N V E S T M E N T B O A R D

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
President, MCCC

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Montgomery County Comm College Address: 340 DeKalk Pk, Blue Bell, PA 19382

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: MCCC Address: 340 DeKalk Pk, Blue Bell, PA 19382 Position Held: President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_ Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties (if any) provided for in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date 1/20/2012



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S t r u b e l R e b e c c a W

02 ADDRESS City State Zip Code

P.O. Box 311 Norristown PA 19404-0311

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 16 below represents financial interests for the PRIOR calendar year indicated.

Assistant District Attorney 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby certifies that the information furnished herein is true and correct to the best of his/her knowledge, information and belief; said affirmation being made subject to the penalties provided in the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date 5/1/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SULLIVAN KAREN A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A W I B M E M B E R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y W O R K F O R C E

B I N V E S T M E N T B O A R D

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

PHYSICIAN 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block.

Name: Northwest Internal Medicine Address: 8200 Flourtown Ave Wyndmoor PA 19038

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: NORTHWEST INTERNAL MEDICINE Address: 8200 FLOURTOWN AVE WYNDMOOR PA. 19038 PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned 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).

Signature: [Redacted] Enter Current Date: 01/26/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

RECEIVED  
2012 APR 13 P 2:35  
OFFICE OF  
VOTER SERVICES  
MONTG. CO.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: S U L L I V A N  
 FIRST NAME: T H O M A S  
 MI: M SUFFIX: MR

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A P U B L I C S A F E T Y D I R E C T O R  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
Public Safety Director

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: PNC - B  
Ocean City Bank  
Address: 3600 Welch Rd, Willow Grove, PA  
1001 Asbury Ave, Ocean City, NJ

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County  
Address: Court House, Norristown, PA

INTEREST RATE: 9.99%

OFFICE OF VOTERS SERVICES, MONTGOMERY COUNTY, PA  
RECEIVED  
MAY 12 2011

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_ Value of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_ Circumstances (including description) of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): U S D e p t o f H o m e l a n d S e c u r i t y Value: 1500.00

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_ Position Held: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_ Interest Held: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_ Interest Held Relationship Date Transferred: \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

The undersigned hereby certifies that the information furnished herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 05-01-12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: SULOCK FIRST NAME: LINDA MI: M SUFFIX:

02 ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 2nd Deputy Clerk of Courts

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  NONE

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: Court House Norristown PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.  NONE

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  NONE

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  NONE

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  NONE

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  NONE

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

RECEIVED  
 FEB 14 10:00  
 OFFICE OF THE  
 CLERK OF COURTS  
 MONTGOMERY COUNTY

The undersigned certifies that the information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 2-13-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: TAXIS  
 FIRST NAME: KATHRYN  
 MI: L  
 SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A CHIEF DEPUTY PUBLIC DEFENDER seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PUBLIC DEFENDER

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 Lawyer - Public Defender

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:  
 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

RECEIVED  
 12 MAY 16 12:08

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: \_\_\_\_\_

Address of Source of Gift: \_\_\_\_\_

Circumstances (including description) of gift: \_\_\_\_\_

Value of Gift: \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): \_\_\_\_\_

Value: \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: \_\_\_\_\_

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): \_\_\_\_\_

Transferee (Name and Address): \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby certifies that the information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 5/16/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: TETI FIRST NAME: NICHOLAS MI: A SUFFIX:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS: Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  
A  Candidate (including write-in) B  Nominee C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  
C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held   
A MEMBER-BOARD OF ASSESSMENT  
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A MONTGOMERY COUNTY  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): BOARD MEMBER  
07 YEAR: The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Address:  
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   
Name: NICK TETI, INC. Address: 2 WESTHAMPTON WAY, LANSDALE, PA 19446  
11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Value of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address): Name: NICK TETI, INC. Address: 2 Westhampton Way 19446 Position Held: President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: NICK TETI INC. 2 Westhampton Way, Lansdale, PA 19446 Interest Held: 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   
Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred

The undersigned hereby affirms that the information provided on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3/2/12

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **THOMAS** FIRST NAME **BRIAN** MI **E** SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS TO THIS FORM, PLEASE PROVIDE A COVER SHEET THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A **ASSESSOR**  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A **BOARD OF ASSESSMENT**

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **ASSESSOR**

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: **2011**

08 REAL ESTATE INTERESTS (See instructions on page 2) IF NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: **COUNTY OF MONTGOMERY** Address: **ONE MONTG. PLAZA NORRISTOWN, PA 19401**

11 GIFTS (See instructions on page 2) IF NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_

Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Transferee (Name and Address) \_\_\_\_\_

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date **03-1-2012**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
MONTGOMERY COUNTY  
MAR 19 10 13  
INTEREST RATE

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

TUTURICE AVA M

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPUTY RECORDER

B DEPUTY TREASURER

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DEPUTY RECORDER

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

NONE

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: NONE Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: NONE Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 5/14/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

V E R E B B E R N A D E T T E W

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR OTHER IDENTIFICATION ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A I N T E R N A L A U D I T O R

B D E P U T Y C O N T R O L L E R A U D I T  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y C O N T R O L L E R

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DEPUTY CONTROLLER - AUDIT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Address: OFFICIAL USE ONLY

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift

2012 MAR 19 A 11:52 RECEIVED

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3.15.12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W A D S W O R T H E L L E N G

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT ADMINISTRATOR  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Assistant Administrator - Parkhouse 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Parkhouse  
Eagleville Hospital  
Address: 1600 Black Rock Rd, Royersford, PA 19468  
100 Eagleville Rd, Eagleville, PA 19403

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Parkhouse  
Eagleville Hospital  
Address: 1600 Black Rock Rd, Royersford PA 19468  
100 Eagleville Rd, Eagleville SA 19403  
Position Held: Assistant Administrator  
Registered Nurse

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 2/22/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

OFFICE OF THE CLERK OF THE SUPERIOR COURT  
MONTGOMERY COUNTY, PA  
2012 FEB 22 PD 1:15  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W A L K O J O H N F I I

02 ADDRESS City State Zip Code

Courthouse 4th Fl Northstown PA 19404

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL RECORDS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ACS Loans - 4% Utica, NY Address: Federal Direct Loans, 5.375% Greenville, TX

Name: Smilie Mae - 4.7% Wilkes-Barre, PA

Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County Address: Courthouse 4th Fl Northstown PA 19404

(OFFICIAL USE ONLY)

2012 MAR 1 P 3:36

RECEIVED

OFFICE SERVICES

VOTER SERVICES

MONTG. CO. PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description of gift)

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address:

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/30/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WEATHERS FIRST NAME ROSEANNE MI M SUFFIX

02 [REDACTED]

NOTE: YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A OFFICE MANAGER

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: County of Montgomery Address: BOARD OF ASSESSMENT 90 BOX 311 NORRISTOWN PA 19024-0311

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 3/1/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W E I S S A N N T

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking  hold  held

A CLERK OF COURTS

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Clerk of Courts/Attorney

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomery County  
Timoney Knox, LLP

Address: Norristown, PA  
Ft. Washington, PA

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Community Ambulance Address: Ambler, PA Board Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 2/10/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W H A L L E Y J a s o n W

02 ADDRESS City State Zip Code

Montgomery county DA's Office Norristown PA 19401

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A A S S + D i s t r i c t + A t t o r n e y  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t s o m e r y c o u n t y

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Asst. District Attorney 2 0 1 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box.

Name: Montgomery County Address: Norristown PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Board Norristown Position Held Board of Directors

Name: Norristown PAL member Address: 1101 Hardins Blvd

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided in the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

5/9/12

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WHITSON FIRST NAME CONNIE MI A SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPARTMENT HEAD  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DEPT HEAD

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift \_\_\_\_\_ Value of Gift \_\_\_\_\_

Address of Source of Gift \_\_\_\_\_ Circumstances (including description) of Gift \_\_\_\_\_

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) \_\_\_\_\_ Value \_\_\_\_\_

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) \_\_\_\_\_ Position Held \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business \_\_\_\_\_ Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) \_\_\_\_\_ Interest Held \_\_\_\_\_ Relationship \_\_\_\_\_ Date Transferred \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties of the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date: 2/14/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WHITSON FIRST NAME CONNIE MI R SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

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B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A DEPARTMENT HEAD  seeking  hold  held

B WIB MEMBER  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) DEPARTMENT HEAD

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this box

Name: \_\_\_\_\_ Address: \_\_\_\_\_

RECEIVED  
 2012 APR 18 P 9:36  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO.

11 GIFTS (See instructions on page 2) If NONE, check this box

Source of Gift	Value of Gift
_____	_____
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box

Source (Name and Address)	Value
_____	_____

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box

Business Entity (Name and Address) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Position Held \_\_\_\_\_

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box

Name and Address of Business \_\_\_\_\_

Interest Held \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box

Business (Name and Address) \_\_\_\_\_

Transferee (Name and Address) \_\_\_\_\_

Interest Held Relationship Date Transferred \_\_\_\_\_

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: \_\_\_\_\_ Enter Current Date 2/14/12

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.**



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W I C H N E R J O H N R



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A MEMBER  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O T R A N S P O R T A T I O N A U T H

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

TRANSPORTATION ENGINEER 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block.

Name: M C M A H O N A S S O C I A T E S , I N C Address: 425 C O M M E R C E D A W S F U R T W A S H I N G T O N , P A 1 9 0 3 4

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MAY 14 2012

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Value of Gift: \$ 55

Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: Interest Held:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): Transferee (Name and Address): Interest Held Relationship Date Transferred:

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: Enter Current Date: 3/15/12

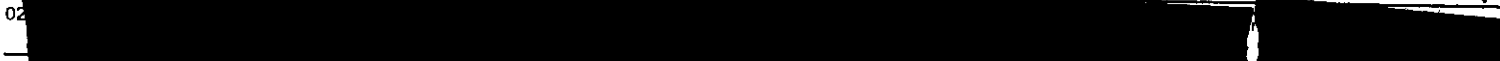
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WILLIAMS ROBERT L JR



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A  seeking  hold  held

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY CO HIGHER EDUCATION

B HEALTH AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) FUNERAL DIRECTOR

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: R.L. WILLIAMS FUNERAL HOME, INC Address: SKIPPACK PA

WILLIAMS - ROBERT KOETEL FUNERAL HOME, INC, Telford, PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

R.L. WILLIAMS, JR. FUNERAL HOME, INC Address: SKIPPACK, PA PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

SAME AS ABOVE

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in 18 Pa.C.S. §4004 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

THIS FORM IS CONSIDERED DEFICIENT IF THE ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Enter Current Date 2/6/2012

(3 of 4)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WOODALL DANIEL L TR

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A WIB MEMBER

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY WORKFORCE INVESTMENT BOARD

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Union Business Manager 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

OFFICE OF VOTER SERVICES  
MONTGOMERY COUNTY

RECEIVED  
2012 MAY 8 AM 8:44  
OFFICIAL USE ONLY

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.

Name: Laborers' Local 135 Address: 740 Sandy St Norristown PA  
Laborers' District Council of Phila 520 N. Delaware Ave #201 Phila PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

PA 19123

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Laborers Local 135 740 Sandy St Norristown PA Business Manager  
Laborers District Council of Phila 520 N Delaware Ave #201 Phila PA President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned certifies that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 5/1/12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 ZURZOLA JOHN A

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR ANY OTHER IDENTIFICATION ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A SOLICITOR COUNTY TREASURER

B [REDACTED]

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
 ATTORNEY

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2011

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

2349 East Albert Street Phila PA COOWNER rental home

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: ACS (student loan) Address: PO BOX 78844 PHOENIX AZ 85062 Interest Rate: 6.75

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  (OFFICIAL USE ONLY)

Name: WILLIG WILLIAMS & DAVIDSON Address: 1845 W 4th ST PHILA PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 4/29/2012

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

John A. Zurzola, April 29, 2012

Statement of Financial Interests – Attachment to supplement Items # 9 and # 10

Item #9 continued:

<u>Creditor:</u>	<u>Interest Rate:</u>
USAA Savings Bank P.O. Box 14050 Las Vegas, NV 89114-4050	7.90%
Sovereign Bank P.O. Box 16255 Reading, PA 19612-6255	4.00%
Bank Of America P.O. Box 15019 Wilmington, DE 19886-5019	0.00%
Chrysler Financial P.O. box 9001921 Louisville, KY 40290-1921	5.90%
Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083	15.68%

Item #10 continued:

Belmont Center for Comprehensive Treatment  
4200 Monument Road  
Philadelphia, PA 19131