COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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PLEASE	INANCIAL INTERESTS PRINT NEATLY	NNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 ◆ TOLL FREE 1-800-932-0936
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B Nominee C Public Official (Former)	D Public Employee (Former) if you a as a so	re filing are amending
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME MI SUFFIX N O 02 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block are amending if you are filing as a solicitor D Public Employee (Former) Public Official (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold 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.) в OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: O rector REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: allus VEXAS DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFRICIAL USE ONLY) check this block. Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Giff Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 😾 Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalti iblic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

THIS FORM IS/CONSIDERED DEFICIENT IF ANY BLUCK ABOVE IS NOT COMPLETED.

Enter Current Date

MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
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10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF TORE (OFFICIAL USE ONLY)
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	Name: Jeffrey D. Albert Address: 48 Oakwood By
	Sala Donathia
11	GIFTS (See instructions on page 2) If NONE, check this box.
Г	Source of Gift / Value of Gift
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

SEC-1 REV. 01/12	STATEMENT OF FIN		I 5 (717) 783-1610 • TOLL FREE 1-800-932-0936
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Transferee (Name and Address) The undersigned hereby effirms that the foregoing is	nformation is true and correct to the he	st of said person's knowledge inf	Date Tran	sferred id affirmation being made subject
to the penalties pre	horities) and t	he Public Official and Employee E	thics Act, 65 Pa.C.S.	1109(b).
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THIS FORM IS CONSIDERED DI	EFICIENT IF ANY BLOCK ABOY	/E IS NOT COMPLETED.	MAKE A COPY FOR	YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA

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PENNSYLVANIA STATE ETHICS COMMISSION

STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/08 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) c Public Official (Current) Candidate (including write-in) Check this block if D Public Employee (Current) you are amending Nominee Public Official (Former) ο an original filing Public Employee (Former) PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Nold hold held N seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 0 W 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 LIBRARIAN the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). If NONE, check this box. Creditor DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) Name MUNIT GOMERY COUNTY check this block. Ÿ NORRISTOURI PUBLIC LIBRARY Norriston GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity MONEGOME 24 COUNTY LIBRARY IN FRANCISCO Position Held NETWORK CONSURTIENS MEMBER FINANCIAL INTEREST IN 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) 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 and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Current Date _

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTEDES

ON 936

PLEASE PRINT NEATLY CHARGE PRINT NEATLY (717) 783-1610 • TOL	ETHICS COMMIS L FREE 1-800-932
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e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being the penalties prescribed by 18 Para Co. S. §1109(b). Signature	made subject

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX E 5 0 INANCIAL ACCOUNT NO Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E L Check this block block if you if you are filing are amending B Nominee Public Official (Former) Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X hold seekina held seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) ٥ 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: Qudilor REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: 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: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Heid BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

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

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF FI	NANCIAL INTER	ESTS	PENNSYLVANIA STA (717) 783-1610 • T	ATE ETHICS COMMISS OLL FREE 1-800-932-
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Commonwealth of Pennsylvania State Ethics Commission 309 Finance Building P.O. Box 11470 Harrisburg, PA 17108-1470

Statement of Financial Interests

Addendum

Becker, Nancy J.

10. DIRECT AND INDIRECT SOURCES OF INCO	OME (Including, but not limited to employment.)
Name	Address
The Tucker Advisory Group, Inc.	10 Rock Spring Road, Chester Springs, PA 19425
Michael J. Becker (husband)	1798 Meadow Glen Dr., Lansdale, PA 19446
Dividend & interest income from stocks, bonds as	nd other holdings held in account with:
Stifel Nicolaus & Co., Inc.	501 N. Broadway, St. Louis, MO 63102
AIG	P.O. Box 15648, Amarillo, TX 79105-5648
Rental Income from the following properties:	
2310 Lexington Court	Lansdale, PA 19446
211 Brunswick Court	Lansdale, PA 19446
138 Ardwick Court	Lansdale, PA 1944
152 Oberlin Terrace	Lansdale, PA 19446 G
7704 Ocean Drive	Avalon, NJ
15D 99th Street	Stone Harbor, NJ
13. OFFICE, DIRECTORSHIP OR EMPLOYMENT	IN ANY BUSINESS
North Penn YMCA	2506 N. Broad St., Colmar, PA 18915

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX NGTON F JEFFREY NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANT I 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) Check this block if you are filing block if you Nominee are amending Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE; (OFFICIAL USE ONLY) check this block. Name Ųη Address: CD GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 SEC-1 REV. 01/08 **PLEASE PRINT NEATLY** FIRST NAME М SUFFIX 01 LAST NAME NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NO. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if c 🔯 D D Public Employee (Current) you are amending Public Official (Current) Candidate (including write-in) an original filing Public Employee (Former) Public Official (Former) Nominee C. L PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Seeking L hold held 04hold seeking heid GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) 06 the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 700 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOW USE ONLY) 10 check this block Ş 溪山 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)

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Interest Held

Current Date

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

Position Held

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

Name and Address of Business

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

Business (Name and Address)

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship
Date Transferrec

The undersigned hereby affirms that the foregoing 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 Current Date BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MIL SUFFIX
$\square R \cup U R \square \qquad \square$
O2 ADDRESS 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 block if you are filing an original filing
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MONTGOMBRY COUNTY PA
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
ASST. DISTRICT ATTORNEY the PRIOR calendar year indicated: 2011
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/12

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

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в	TOWNSHIP SUPERVISOR 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.)
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в	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
F	PUBLIC SAFETY MANAGEMENT the PRIOR calendar year indicated: 2011
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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14	Name and Address of Business Interest Held
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COMMONWEALTH OF	PENNSYLVANIA
SEC-1 REV 01/12	

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	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. Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transfered
The	undersigned harehy affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject

Enter Current Date 4/27

	VANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
1 LAST NAME RURNS	FIRST NAME LAWRENCE E SUFFIX
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03 STATUS Check applicable block or blocks, more than one block may be marked. A Candidate (including write-in) C Public Official (Currents Nominee C Public Official (Forme	nt) D Public Employee (Current) Check this block if you are amending
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05 GOVERNMENTAL ENTITY in which you are were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
1 MONTGOMERY COUN	TYWORKFORCE
BINVESTMENT BOAR	
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
BANKER	the PRIOR calendar year indicated:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	x. 📈
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Transferee (Name and Address) The undersigned hereby affirms that the foregoing information to the penalties prescribed by 18	Date Transferred Output Date Transferred Output Date Transferred Date Transferred Output Date Transferred

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

Signature

COMMONW	EALTH OF	PENNSYLVANIA
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05	05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, co	ommission, county, school dietrict, two, etc.)
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK. ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12		IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0930
01	LAST NAME		FIRST NAME	MI SUFFIX
	Cartagno		Lindsay	
02	ADDRESS P.O. BOX 311	City No	RRISTOWN State Z	ip Code 19404
N	OTE: IF YOU ARE INCLUDING ATTACHMENT	S, DO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL SECURITY NUMB	ER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or block	s, more than one block may be marked.	(See instructions on page 2)	Check this
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08	REAL ESTATE INTERESTS (See instruction		x. [V]	
09	CREDITORS (See instructions on page 2). C Name: U.S. DEPARTMENT	of Education Address:	check this box. [] P.O., BOX 5609 AVIII.C, TX 75403-560°	Integrate Rate
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME 01 **ADDRESS** State Zip Code NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block block if you if you are filing are amending C Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) U OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. U DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Giff Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
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03	Charle this
	A Candidate (including write-in) C M Public Official (Current) D Public Employee (Current) E Check this block if you
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing are amending as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	JURY COMMISSIONER
В	☐ seeking ☐ hold ☐ held
В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Α	MONTGOMERY COUNTY
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
	JULY 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) Name: HONTGOMENLY COUNTY Address: PORSY 34, NOLLYCOWAL A. Internat Rate T. No. 100 100 100 100 100 100 100 100 100 10
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Check this block.
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	PASTATE EMPLOYURG RUTIREM WITSYSTEM HAKLISBURG, PA
11	GIFTS (See instructions on page 2) If NONE, check this box.
_	Source of Gift Value of Gift
1	Address of Source of Gift Circumstances (including description) of Gift
12 _	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
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 13	OSSICE DIRECTORSHIP OF EARL OVALUE IN ANY SHOWING IS
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. 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)
The u	ndersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject penalties. Determination of the person of the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b).
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	Sig Enter Current Date April 15, 2012
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Marie N. Cavanaugh

Ethics Commission Statement of Financial Interests

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

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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	ENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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A	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, comm	nission, county, school district, twp, etc.)
В	COUNTY OF MONTGOMORY	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 be the PRIOR calendar year indicated:	low represents financial interests for
	DIRECTOR	2011
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	2012
	Name: Address: ZII	Interest Rate
10	DIRECT OR INDIRECT SQURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. [Name: COUNTY of MONTGOMBKY Address: JUNE 1870 COUNTY OF MONTG	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.	
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	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)	
The L	Transferee (Name and Address) Indersigned be shy affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; so the penalties to the said person's knowledge, information and belief; so the penalties to the said person's knowledge, information and belief; so the penalties to the said person's knowledge, information and belief; so the penalties to the said person's knowledge, information and belief; so the penalties to the penalties	i
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	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FO	R YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932
01 LAST NAME FIRST NAME
COOPER JULIA A SUFFIX
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT/BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) C Public Official (Current) D Public Services (Current) D Public Services (Current)
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A BOARD MEMBER
seeking hold held
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GOVERNMENTAL ENTITY in which you are/were an Official, Employee; Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
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06 OCCUPATION OR PROFESSION (This may be the same so block 4)
OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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.
Name: Address:
N 2
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions of the control of the con
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
Name: Address:
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
Interest Held
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Interest Hald
Transferee (Name and Address) Relationship Date Transferred
The undersigned the low effirms that the foregoing 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).
Sig Enter Current Date 3-18-12-
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

		
	FINANCIAL INTERESTS BE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	(See instructions on page 2) If NONE, check	
Transferee (Name and Address)		Interest Held Relationship Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the penalties prescribed by 18 Pa.C.S. \$4904 (unsworn falsification to authorities) a	e best of said person's knowledge, information ar ind the Public Official and Employee Ethics Act, 6	d belief said affirmation being made subject
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX D E N C HR W 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. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) __ Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block block if you are amending C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) heid D S R C O Ν Е seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) C е r 0 u n t В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Assistant District Attorney 2 0 1 1 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name: Wells Fargo Dealer Services (1) Intelest Rate 🗸 Address: P.O. Box 168048 Irving, TX 75018-8 US Dept of Education (2) P.O. Box 242800, Louisville, KY 40224-2900 $(1) 12.99\% \cancel{42}$ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL UBE O check this block. بي Name: Montgomery County Address: P.O. Box 311 ᇄ Norristown, PA 19404-0311 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Giff Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held <u>Address</u> FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signa Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR, RECORDS.

COMMONWEALTH OF PENNSYLVANIA	,
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME EPN NANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C A Public Official (Current) D Public Employee (Current) block if you Check this block Nominee if you are filing are amending Public Official (Former) Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 R OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: PHYSCIAN REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Interest Rate Address: D DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: FORNANCE PHYSICIAN SCRUTCOD Address: POWELL ST. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) 12 If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject plic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE 15 NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS (717) 783-1610 • TOLL FREE 1-	COMMISSI -800-932-09
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX 0 0 **ADDRESS** 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. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) Check this block if you are filing block if you are amending Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 🔀 hold seeking heid seeking hold held E GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) B 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 REAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Untere Address: \mathbf{U} DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NSAFE OFFICIAL USE ONLY) check this block. MONTGOMPRY COUNTY Address: Dekalb NOMISTORN GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX CKEL R FINANCIAL ACCOUNT NUMBER Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) E X Check this block block if you are amending if you are filing as a solicitor Nominee Public Official (Former) Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina held held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. NI OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ATTORNEY 2 Ö REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: CHASE FREEDON Interest Rate Address: PO Box 15153 Wilmington DECHMER 19886-5183 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, ONLY MENTERMERY COUNTY, NORRISTONN PA HAMBORO ZHB check this block. 1176 bld York RJ Alamton Address: 4145. YORK Ed. Hollow PA 2209 MT. CARMEL AVE 8230 OLD YORK ROOM Dougherty & Eckel GLENSIDE ON YOUR CHECTENHAM ZAB If NONE, check this box. GIFTS (See instructions on page 2) Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) ZZOG MT. CARMEL AVE Name: Doughuty & Eckel PARTNER Address: GLENSIDE PA 19038 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Douglarty & Eckel BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penaltie the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). 2012 Enter Current Date _ THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/09 PENNSYL VANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME D WARDIS SUFFIX INVIHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) Candidate (including write-in) Check this Public Employee (Current) block if you block if you are amending Nominee are filing as Public Official (Former) Public Employee (Former) an original filing a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking heid seeking 🗷 hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). If NONE, check this box. Creditor DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) att employment. (See instructions on pg. 2) ONLY IF NONE OFFICIAL USE ONLY) check this block ATES CLEAN TECHNOLOGY Address 422 STUMP RO MUNTGOMERYV 17 Ÿ GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) 13 If NONE, check this box. Business Entity Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) ILNONE, 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) Relationship The undersigned hereby affirms t Date Transferred said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 ublic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

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

Signature

PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 COMMONWEALTH OF PENNSYLVANIA PLEASE PRINT NEATLY SEC- REV. 01/12 SUFFIX FIRST NAME LAST NAME S 0 M lΑ H S L \mathbf{L} Ι \mathbf{E} NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECO STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E _ Check this block are amending D Public Employee (Current) C Public Official (Current) if you are filing as a solicitor an original filing A Candidate (including write-in) D Public Employee (Former) C X Public Official (Former) X held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold R Е X hold held seeking F. М D GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 \mathbf{T} Y U N 0 Y C R E Т G 0 Μ N 0 P Т \mathbf{E} В 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) the PRIOR calendar year indicated: 2 0 1 1 ATTORNEY REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 80 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate 09 Address: Name: (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE; check this block. Address: 30 S. 17TH ST., PHILA., PA 19103 10 Name DUANE MORRIS LLP 1901 MARKET ST., PHILA., PA 1910 INDEPENDENCE BLUE CROSS Value of Gift If NONE, check this box. GIFTS (See instructions on page 2) Source of Gift Circumstances (including description) of Gift FA Address of Source of Gift Value TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Address: 1901 MARKET ST., PHILA., PA 19103 DIRECTOR Business Entity (Name and Address) INDEPENDENCE BLUE CROSS FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. X Business (Name and Address) Date Transferred Tobaing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Transferee (Name and Address) The undersigned hereby to the penalties prescribe Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Attachment to Statement of Financial Interests

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

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

- -- 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, 25th Floor, Philadelphia, PA 19103

13, Office, Directorship or Employment in Any Business

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX 02 ANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E L Check this block block if you are amending if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for Director the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: COUNTY OF MONTGOMERY GIFTS (See instructions on page 2) If NONE, check this box. ∞ Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) DMERKADORES: NO RAISTO FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Interest Heid BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties preso) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) **Enter Current Date** THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. (3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF FI	NANCIAL INTERES	STS PENNSYLVAN (717) 783-14	IA STATE ETHICS COMM 510 • TOLL FREE 1-800-9:
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SEC-1 REV. 01/12	STATEMENT OF F	PRINT NEATLY	STS	PENNSYLVANIA STATE ETHICS CO (717) 783-1610 • TOLL FREE 1-80
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P.O. BOX 311	City		State Zip Code	
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ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS Risa Vetri Ferman 2011

9. CREDITORS

_	Interest Rate
Creditor Higher Education Services (HES-Wachovia Bank)	None Variable
Mellon Bank Line of Credit Chase Card Services (Visa)	21.99-27.99% Variable
American Express	Variable

10. SOURCES OF INCOME

Vetri Foundation for Children

Pennsylvania District Attorney's Assn

	Address
Source Income	Norristown, PA
County of Montgomery	Philadelphia, PA
Janney Montgomery Scott	Philadelphia, PA
TD Bank	•

12. TRANSPORTATION, HOSPITALITY, LODGING

				
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Source Supreme Court Pennsylvania Crim. Procedural Rules Committee	Mechanicsburg, F	A 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.)		
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13. OFFICE, DIRECTORSHIP, EMPI	Position Held	A SELECTION	1	
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Executive Committee

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY SUFFIX LAST NAME MI ERP BARBARA ICIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) C Public Official (Current) Check this block A Candidate (including write-in) are amending if you are filing C Public Official (Former) Public Employee (Former) an original filing B | Nominee as a solicitor held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold hold seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) the PRIOR calendar year indicated: Public AFFoirs REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address Name CROFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE; check this block. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Heid BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) 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 vorn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties pre Enter Current Date DEFINITION ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS P

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/09	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
01 LAST NAME	FIRST NAME	
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NOTE: IF YOU ARE INCUIDING ATTACHMENTS		
	DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER	OR FINANCIAL ACCOUNT NUMBERS.
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME **FIRST NAME** SUFFIX **ADDRESS** City State Zip Code SOLICITOR'S OFFICE, P.O. BOX 311 HORRISTOWN 9404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this D Number (Current) C Public Official (Current) block if you Check this block are amending if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 held C Ō Q seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 O Ö OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for ATTORNEY AT LAW the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Inflat Name: Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block **>** Name: COUNTY OF MENTGOMERY Address: P.O. BOX 311 PENSION & PART TIME EMPLOYMENT NORRISTOWN, PA GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S rities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date JAN. 18, 2012 Signature THIS FO REP DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS,

(3 of 4)

STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 AST NAME FIRST NAME SUFFIX ADDRESS₁₀ ip Code 4404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOU Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) Candidate (including write-in) block if you Public Employee (Current) Check this block are amending if you are filing C Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking hold beld GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. [[] CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. D DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, TO (OFFICIAL USE ONLY) check this block? Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred The undersigned I the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties pre orn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

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Enter Current Date

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STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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

SEC-1 REV. 01/12		RINT NEATLY	(717	7) 783-1610 • TOLL FREE 1-800-93;
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV, 01/12

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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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)

	
	COMMONWEALTH OF PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	LAST NAME FIRST NAME MI SUEETY
	GRADEL TOHM MI SUFFIX
02	COURTHOUSE, SWEDE FAIRY STS. NORRISTOWN PAIGHO,
_	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 block if you are amending as a solicitor an original filing
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: USAA Address: SAA ANTONIO PROPERTY Rate
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	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
	Relationship

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

Transferee (Name and Address)

Enter Current Date

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 penaltime of the penalti

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

_	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX POBERT WIR
	COURT HOUSE P.O.BOX 311 HORRISTOWN PA 19404
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STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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COMMONWEALTH OF PENNSYLVANIA

SION 3936

	SEC-1 REV. D1/12 STATEMENT OF FINANCIAL INTE	ERESTS	PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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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 PENNSYLVANIA STATE ETHICS COMMIS PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932
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	Employee Links Act, 63 Pa.C.S. \$1109(b).
	Sign Current Date 2/ 20 /20/2
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

STATEMENT OF FINANCIAL INTERE

SION -0936

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10. DIRECT OR INDIRECT SOURCES OF INCOME

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

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

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

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

March 13, 2012

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OFFICE OF
VOTER SERVICES

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF F	INANCIAL INTER	RESTS '	PENNSYLVANIA STATE ETHICS CO (717) 783-1610 • TOLL FREE 1-80	MMISSION 0-932-0936
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STATEMENT OF FINANCIAL INTERESTS

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

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01 LAST NAME	
HECKMAN FIRST NAME STEPHEN	MI SUFFIX
O2 ADDRESS COURTHOUSE-POBOX 311- NORRISTOWN PA 1940	G
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Address: P. O. Box 670/2 HARRISBURG. PA 17/06	Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE.	(OFFICIAL USE ONLY)
Name: MONTGOMERY COUNTY COURTHOUSE POBOX 311	1
(SEE ADDITIONAL SHEET) NORRISTOUN, PA 19404	
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THIS TORM 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

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

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STATEMENT OF FINANCIAL INTERESTS

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

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1,800,932,0036

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he undersigned hereby affirms that the foregoing information is troot the penalties prescribed by 18 Pa.C.S.A. \$#904 (unsworn falsification). Signature	ation/to authorities) and the Public Official a	nowledge, information and belief; so and Employees Ethics Act, 65 Pa.C.	S. §1109(b).

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STATEMENT OF FINANCIAL INTERESTS

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

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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
- 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 12th 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

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OFFICE OF

VOTER SERVICES

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-; REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME ΜI SUFFIX Н 0 O W r n C е Ρ **ADDRESS** Zip Code City State 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 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor D Public Employee (Former) Public Official (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) nold D S t а n t i S t С t seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) М 0 е O n OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Assistant District Attorney 2 0 1 1 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. nο Address: 2060 Red Lion Road I Name: American Heritage 9.99 Philadelphia, PA 19115 DIRECT OR INDIRECT SQURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 Address: P.O. Box 311 Montgomery County Norristown, PA 19404-0311 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held

Business (Name and Address)

Transferee (Name and Address)

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

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

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- <u>1200 North 7th Street, Harrisburg, PA 17102</u> Interest Rate 6.8%

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06 -	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	Name: Address: If NONE, check this box. Address: 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: Mont. Cty. Countbows Address: P.Q. Roy 211 Winshown A 19454.037
1 -	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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	Address of Source of Gift Circumstances (including description) of Gift
2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
3	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)
	Name Roslyn Vol. Fire Co. Address: 1128 Bradfield Nd Roslyn B. Pers. Relief Assoc
4	FINANCIAL INTEREST IN 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 (Name and Address)

Transferee (Name and Address)

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

The undersigned hereby affirms that the foregoing 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. §1109(b).

Enter Current Date

The undersigned hereby affirms that the foregoing 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. §1109(b).

Solve the penalties prescribed by 18 Pa.C.S. §109(b).

Enter Current Date

The undersigned hereby affirms that the foregoing 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. §109(b).

Enter Current Date

The undersigned hereby affirms that the foregoing 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. §109(b).

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

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STATEMENT OF FINANCIAL INTERESTS

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

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MAKE A COPY FOR YOUR RECORDS

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

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

Enter Current Date

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY 01 (717) 783-1610 • TOLL FREE 1-800-932-09; LAST NAME NE

SUFFIX

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) C Public Official (Former) Check this D Public Employee (Former) Check this block PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) block if you if you are filing are amending as a solicitor an original filing hold seeking heid seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for REAL ESTATE INTERESTS (Secunstructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address)

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STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FIRST NAME Α T E R MI S SUFFIX Т E E 02 **ADDRESS** J P.O. Box 311 City Norristown NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. State Check applicable block or blocks, more 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 Check this C Public Official (Former) Check this block block If you D Public Employee (Former) PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) if you are filing as a solicitor are amending an original filing hold S held S T 0 Ν E seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 Ν OCCUPATION OR PROFESSION (This may be the same as block 4) 97 YEAR The information in blocks 8 through 15 below represents financial interests for Assistant District Attorney the PRIOR calendar year indicated: 2 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 1 1 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 Interest Rate Wilmington, DE 19850 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE TO check this block!

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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

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OFFICE OF VOTER SERVICES

VOTER SERVICES

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FRANK SUFFIX 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIALS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) C Public Official (Current) D Public Employee (Current) B | Nominee Check this C Public Official (Former) block if you Check this block D Public Employee (Former) PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking if you are filing as a solicitor are amending an original filing **➣** hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Name: Address: Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY L USE ONLY) .GIFTS (See instructions on page 2) If NONE, check this box. Address of Source of Gift Circumstances (including description) of Giff TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Name Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) Interest Held e undersigned hereby affirms that the foreceing information is true and correct to the best of said Relationship Date Transferred 's knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b). THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FIRST NAME B ERIG MI SUFFIX m Norrista City State Zip Cod O NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANY THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Candidate (including write-in) C Public Official (Current) Check this Check this block C Public Official (Former) block if you Public Employee (Former) if you are filing are amending PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 as a solicitor an original filing seeking hold held D seeking B held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for Internal Audit/Accounting the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Chase Auto Finance (Subaru) Address: POBOX 78067 Phoen & AZ BOA - mostercard Interest Rate BO Box 982236 E1 Paso ➣ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 🗹 Name: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <u>Name</u> Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Address: if NONE, check this box. Interest Hald BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) ne undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b). Sign THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. Enter Current Date _

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY 01 LAST NAME ARD D Δ ALTINGUIDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEAKS TOOKS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) C Public Official (Current) D X Public Employee (Current) Check this C Public Official (Former) Check this block block if you D Public Employee (Former) if you are filing are amending PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) as a solicitor an original filing seeking hold 0 seeking 8 hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for REAL ENTATE TAX ANESTON the PRIOR calendar year indicated: 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: Integest Rate ***** DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block Name: D Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address) Interest Held he undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject Employee Ethics Act, 65 Pa.C.S. §1109(b). THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FIRST NAME n MI а C C i SUFFIX O n а 02 **ADDRESS** City P.O. Box 311 State Zip Code Norristown PA NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT 19404-0311 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) Check this D Public Employee (Current) B L Nominee Check this block block if you C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor are amending PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking an original filing hold S D S С T 0 N Ε seeking hold В held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) 05 E C 0 U Ν OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for ASSISTANT DISTRICT ATTORNEY the PRIOR calendar year indicated: 2 202 1 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. П CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ng Name: Interest Rate Address: ➣ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOTICE 10 (OFFICIAL USE ONLY) check this block Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-0936 01 LAST NAME FIRST NAME М Α \mathbf{O} Ν E SUFFIX H S R М 02 **ADDRESS** City P.O. Box 311 State Norristown Zip Code NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. PA Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) Check this D Public Employee (Current) E Check this block B Nominee block if you C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor are amending PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) an original filing neld hold D S O Ε Y seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) C O u n OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for **Deputy District Attorney** the PRIOR calendar year indicated: 2 0 1 1 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. П Name: ACS Student Loans Address: P.O. Box 311, Norristown, Pa Interest Rate 6.625) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE (OHE CIAL USE ONLY) Name: Montgomery County check this block. Address: P.O. Box 311, Norristown, PA 19404-0311 **Temple University** 1719 N. Broad St., Phila., PA GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Circ Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Transferee (Name and Address)

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MAKE A COPY FOR YOUR RECORDS.

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STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA

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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.

JOIDA, Inc.
WPAC, Inc.
HLAC, Inc.
Recycling Investments, Inc.
IDAMAS, LLC
FAM-OLEY, L.P.
Birdsboro Slag Products Company, Inc.

In each of the above-referenced entities, Mr. Mascaro is either the sole or 20% owner or a partner if the entity is a partnership, the president if the entity is a corporation, and a director if the entity is a corporation. All of the above-referenced entities, including Solid Waste Services, Inc., doing business as J. P. Mascaro & Sons, and all of the J. P. Mascaro & Sons-related entities, have an office address of 2650 Audubon Road, Audubon, PA 19403.

No. 14 - Financial Interest in any Legal Entity and Business for Profit

Please refer to the responses to No. 13 for the entities involved.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF FIN		PENNSYLV (717) 78	/ANIA STATE ETHICS COMMISSION 3-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 SEC-1 REV. 01/12 PLEASE PRINT NEATLY SUFFIX MI 01 LAST NAME CFINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Check this block C Public Official (Current) D Public Employee (Current) if you are filing are amending Public Employee (Former) an original filing Public Official (Former) Nominee as a solicitor hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held hold seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee; Candidate or Nominee (e.g., dept; agency, authority, borough, board, commission, county, school district, twp. etc.) 05 07 YEAR The information in blocks 8 through 15 below represents financial interests for OCCUPATION OR PROFESSION (This may be the same as block 4) the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. If NONE, check this box. CREDITORS (See instructions on page 2)) Creditor (Name and Address) ONLY IF NONE INDIRECT SOURCES OF INCOME including (but not limited to) all employment If NONE, check this box. GIFTS (See instructions on page 2) Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift Value TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) / If NONE, check this box. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 14

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and bellef; said affirmation being made subject ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1709(b). to the penalties pre **Enter Current Date** Signatu

If NONE, check this box.

Relationship **Date Transferred**

BUSINESS INTERESTS-TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)

Business (Name and Address)

Transferee (Name and Address)

MAZA & DAVID

JAMES W. MAZA* PATRICIA M. DAVID JESSICA A. MILLER+

P.O. BOX 369 507 SALFORDVILLE ROAD LEDERACH, PA 19450-0369

TEL. (215) 256-0007 FAX (215) 256-0008

*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

> State Ethics Commission - Statement of Financial Interests Re:

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.

JWM:lac Enclosures

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME Mi SUFFIX ĹL VIBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block В are amending if you are filing Public Official (Former) D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. Π 09 (See instructions on page 2) Creditor (Name and Address) If NONE, check this fox. DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) OMDY IF NONE, (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Transferee (N Relationship The undersigned Date Transferred rect to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties pr porities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1199(b). Signatu

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Enter Current Date .

MAKE A COPY FOR YOUR RECORDS.

LAW OFFICES

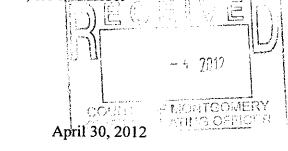
MAZA & DAVID

JAMES W. MAZA*
PATRICIA M. DAVID
JESSICA A. MILLER+

- *ALSO ADMITTED IN WASHINGTON, DC
- *ALSO ADMITTED IN NEW JERSEY

P.O. BOX 369 507 SALFORDVILLE ROAD LEDERACH, PA 19450-0369

TEL. (215) 256-0007 FAX (215) 256-0008



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 HICHVED

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/08 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) 03 STATUS Candidate (including write-in) c 🔀 Public Official (Current) Check this block if Public Employee (Current) you are amending Nominee Public Official (Former) Public Employee (Former) an original filing

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

Current Date

COMMONWEALTH	OF PENNSYLVANIA
SEC-1 REV. 01/12	

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 2-0936

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	INSYLVANIA STATE ETHICS COMMISS 717) 783-1610 • TOLL FREE 1-800-932-0
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT	OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
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STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FRFF 1-800-937-0936 32-0936

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

Enter Current Date 4/30/12

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

<u>Line 13</u>

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

MIT FEB 28 A II: 12



HAMBURG, RUBIN, MULLIN, MAXWELL & LUPIN, PC ATTORNEYS AT LAW

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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. Jannozzi Timothy P. Briggs William G. Roark Andrew P. Grau, LL.M. Collin T. Keyser Matthew L. Erlanger

> OF COUNSEL: J. Scott Maxwell Edward Rubin

James S. Lee

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 encl

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:

JØSEPM J. MCGRØRY, JR

JJM: kmc

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX MI C 0 ADDRESS State

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STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
	MCMENAMIN CARA M
02 47	ADDRESS DISTRICT ATTORNEY'S OFFICE City NORRISTOWN State PA Zip Code TH FL-MONTBOMERY COUNTY CONRTHOUSE
	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) B Nominee C Public Official (Former) D Public Employee (Former) B Check this block if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
A	ASSISTANT BISTRICT ATTORNEY
	☐ seeking ☐ hold ☐ held
В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)
A	DISTRICT ATTORNEY'S OFFICE
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06 ∕\	OCCUPATION OR PROFESSION (This may be the same as block 4) O7 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: SSISTANT DISTRICT ATTORNEY
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80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	CREDITORS (See instructions on page 2), Creditor (Name and Address) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Address: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE; (OFFICIAL USE ONLY)
	Name: MONTGOMERY COUNTY, PA Address P.O. BOX 311 NIRCESTOWN PA 19404-0317577
	MORRISTOWN PA 19404-0317878 W
11	GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Value of Gift
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L	Address of Source of Gift Circumstances (Including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) BOARD OF DIRECTORS 423 CANDIGUOUD RD Position Held
	Name: ROSE TREE WOODS SWIM CLUB Address: BROWNALL PA 19008 Address: BROWNALL PA 19008 ORECTOR, BOTARD
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Name and Address of Business Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 0936

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SEC-1 REV 04/44	=

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1 800 933 0030

	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-	-932
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-	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor are original file	g lina
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11	GIFTS (See instructions on page 2) If NONE, check this box.	
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	_
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	_
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box.	-
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	-
	Transferee (Name and Address)	
The to the	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject 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).	•
	Signatu Enter Current Date 5 / 201	

STATEMENT OF FINANCIAL INTERESTS

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

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AMONTGOMERY COUNTY WORK FORCE
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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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 su and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Transferred (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 su and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescribed to the penalties prescribe

STATEMENT OF FINANCIAL INTERESTS

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

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

COMMONWEALTH OF PENNSYLVANIA SECTIFIED OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA ST. (717) 783-1610 • 1	ATE ETHICS COMMISSI TOLL FREE 1-800-932-00
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02 ADDRESS PO BOX 3/1. NORRISTOWN AT 19401	
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Signature Enter Current Date 3/19/20	<u> </u>
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECO	RDS

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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02	ADDRESS PO BOX 311 NORPISTOWN PASTATE BEGOT A
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MAKE A COPY FOR YOUR RECORDS

l	COMMONWEALTH OF PENNSYLVANIA	
	SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMM (717) 783-1610 • TOLL FREE 1-800-93
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF FIN	IANCIAL INTEREST		YLVANIA STATE ETHICS COMMISSION) 783-1610 • TOLL FREE 1-800-932-0936
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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

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Signature

Enter Current Date 2-3-12

COMMONWEALTH OF PENNSYLVANIA

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03 STATUS Check applicable block or blocks, mo	ore than one block may be marked. (See instructions on page 2)	CONTRACTOR ASSESSMENT
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ie	Indersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
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	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0336

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

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

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02	2 ADDRESS City State Zip Code Area Code Phone
N	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	DIRECTOR OF HUMAN RESOUTGES
	seeking hold held
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp,
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR The information in blocks 8 through 15 below represents financial interests the PRIOR calendar year indicated: 2 3 / 2
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: Address:
11	GIFTS (See instructions on page 2) If NONE, check this box.
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	Business Entity (Name and Address) Position Held
14	Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Name and Address of Business Interest Held
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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	COMMONWEALTH OF PENNSYLVANIA
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A	Director of Voter Services
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)
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STATEMENT OF FINANCIAL INTERESTS

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

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/07

STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12	STATEMENT OF FIN	IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSIO
		RINT NEATLY	(717) 783-1610 • TOLL FREE 1-800-932-09:
01 LAST NAME		FIRST NAME	MI SUFFIX
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02 ADDRESS	City	State	Zip Code
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he undersigned hereby affirms that the foregoing in the penalties presented by 48 Bo C.S. \$4004 (upon	formation is true and correct to the best	of said person's knowledge, information a Public Official and Employee Ethics Act,	and belief; said affirmation being made subject 65 Pa.C.S. §1109(b).
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Signatul		Enter Curre	ent Date

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV: 01/12	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

	NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	Inte	erest Held
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Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa C.S. §4004 (unsworp falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign

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(3 of 4)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION -0936

-	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-9	932-
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04 A	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking X hold held EXECUTIVE DIRECTOR	
8	MEMBER I hold held	7
05 A	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, e	rtc.)
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	ficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).	

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

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV: 01/12	STATEMEN	T OF FI	NANCIA	L INTERES	STS	PENNSYLVA (717) 783	NNIA STATE ETHICS COMMIS -1610 • TOLL FREE 1-800-932
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME Ε SUFFIX S E R H 0 S J 02 **ADDRESS** City P.O. Box 311 State Zip Code Norristown PA 19404-0311 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOR Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) E Check this block if you are filing block if you C Public Official (Former) are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold heid S N S E seeking hold held В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 0 0 m C 0 u n OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated 2 Assistant District Attorney **萨** 1 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 \Box CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Address: 1 1 ىپ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) aff employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) check this block. Name: Montgomery County Address: P.O. Box 311 Norristown, PA 19404-0311 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Giff Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)

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

Relationship

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

Transferee (Name and Address)

The undersigned to to the penalties pr

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/10

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01 LAST NAME	E FRINT NEATLY 1-800-932-0936
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Signat	11-20
	Current Date

PLEASE PRINT NEATLY 01 LAST NAME (717) 783-1610 • TOLL FR	
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P.O. Box 311 City State Zip Code A	
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2011 STATEMENT OF FINANCIAL INTERESTS SUPPLEMENTAL PAGE

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

09 CREDITORS:

Firstrust Saving Bank	Philadelphia, PA	Various
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

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2011 STATEMENT OF FINANCIAL INTERESTS SUPPLEMENTAL PAGE

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

09 CREDITORS:

Firstrust Saving Bank	Philadelphia, PA	Various
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	Philadelphis PA
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COL SION 0936

PLEASE PRINT	NCIAL INTERESTS FENNSYLVANIA (717) 783-161	A STATE ETHICS COMMIS 10 • TOLL FREE 1-800-932
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A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) E Check this block if you are filling as a solicitor.	Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title	e, etc.) seeking	
A MONTGOMERY COUNT	HEALTH A	ND
BHIGHER EDUCATION	AUTHORITY	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee	(e.g., dept, agency, authority, borough, board, commission, county,	cohool district hum ato)
MONTGOMERY COUNT	4 HEALTH AL	School district, twp, etc.)
BHIGHER EDUCATION	AUTHORITY	
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COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV 01/12

SSION 2-0936

01 LAST NAME	STATEMENT OF FINANCIAL INTE	RESTS	PENNSYLVANIA STATE ETHICS COMMI (717) 783-1610 • TOLL FREE 1-800-93;
RUTKOWSK	FIRST NAME JOSE	PH	MI SUFFIX
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, D	DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL S	ECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS.
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^ MONTGOMER	YCOUNTY	willy, burough, board, com	nission, county, school district, twp, etc.)
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	COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	LAST NAME FIRST NAME W DR
	OLE III OO MA SOCIAL SECURITI NOMBER OR 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 are amending an original filing
04 A B	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held seeking.
05 A	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) H NONE, check this box. Address: Address: 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 top Check this this check this thin the Check this the Check this thin the Check this thin the Check this thin the Check this thin the Check this thin the Check this thin the Check this thin the Check this thin the Check this thin the Check thin the Check this the Check this the Check thin the Check this
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2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Spurce (Name and Address)
3	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held
4	Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held
5	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 Daty Transferred
he 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 be penalties. Si THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME M SUFFIX C **ADDRESS** NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block Nominee are amending if you are filing as a solicitor Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold heid E seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 0 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX S Η K L E \mathbf{T} Т Α Μ Е S Н III NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E L Check this block block if you B | Nominee C Public Official (Former) if you are filing are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Х seeking held М Е M В E seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 M O N G O Μ E R CTY Η Ι G Η 缸 Η & Е Α т AUTH. 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 0 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) National Label Company Address: 2025 Joshua Rd., CЛ Lafayette Hill, PA 19444 Delaware Valley Reg. Finance Auth. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) 2025 Joshua Rd. Name: National Label Company Lafayette Hill, PA 19444 Chief Exec. Officer FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held National Label Co., 2025 Joshua Rd., Lafayette Hill, PA 19444 19.23% BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) The undersigned hereby affirms that the foregoist information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date

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

Bel Air Aviation, LLC 956 Charlotte Street Pottstown, PA

100%

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

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

9.51%

Shacklett Realty, LLC

33.33%

2025 Joshua Road Lafayette Hill, PA 19444

Latayette Hill, PA 19444

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

1128 Realty Investments, LP 49.50%511 Germantown PikeLafayette 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

2012 APR 24 P 5: 53

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME SUFFIX 14 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this C Public Official (Current) D Public Employee (Current) Candidate (including write-in) Check this block block if you if you are filing are amending D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking ∠ hold held seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: COMMISSIONER REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. SEE ATTACHMENT 7 Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL DISE ONLY) Name: SEE ATTACHMENT 3 Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held SEE ATTACHMENT 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Heid BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (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

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Signature .

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

Enter Current Date

Statement of Financial Interests Attachment 1 for Josh Shapiro

04-05 PUBLIC POSITION OR PUBLIC OFFICE/ GOVERNMENTAL ENTITY

- B. State Representative Pennsylvania General Assembly, 153rd 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)

VOTES SERVICES

Statement of Financial Interest Attachment 2 for Josh Shapiro

09 CREDITORS

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Interest Rate
Auto Lease (no interest rate)
6.1%
Auto Lease (no interest rate)

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OTHER SERVICES

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

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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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VOICE SERVICES

STATEMENT OF FINANCIAL INTERESTS

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COMMONIAL SALTH OF PENNSYLVANIA	Α
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PLEASE	FINANCIAL INTERESTS E PRINT NEATLY PENNSYLVANIA STATE ETHICS (717) 783-1610 • TOLL FREE 1	COMM 1-800-93
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Name: MICHAELC. SHIELDS, ATTY AT LAW Address:	28 W. AIRYST NORRISTOUW OWNER	
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY. 01 SUFFIX DINIBER OR FINANCIAL ACCOUNT NUMBERS. Chesk applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) Check this block block if you Public Official (Former) are amending if you are filing D Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) heid seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, bgrough, board, commission, county, school district, twp, etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for EXEL DIVECTION MCIO the PRIOR calendar year indicated: .08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) ... If NONE, check this box DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NORE, ICIAL USE ONLY) MO. CO IU Address: NOWO (SOW), GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. BUSINESS INTERESTS TRANSPERRED TO IMMEDIATE FAMILY MEMBER (See histructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Transferee (Name and Address) Relationship Date Transferred The undersigne est of said person's knowledge, information and belief; said affirmation being made subject to the penalties and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

COMMONWEALTH OF PENNSYLVANIA STATE ETHICS COMMIS SEC.1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMIS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS PRINT NEATLY
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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%

COMMONWEALTH OF PENNSYLVANIA
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COMMONWEALTH OF PENNSYLVANIA	
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/07	STATEMENT OF FI	NANCIAL	INTERES	TS	PENNSYLVANIA S (717) 783-1610	TATE ETHICS CO	OMMISSION 00-932-0936
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	COMMONWEALTH OF PENNSYLVANIA SEC1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
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10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block. Name: St-John's Luthuran Church Address: Mountain (PA)
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Enter Current Date 4/30 Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

The undersigned hereby affirms that the foregoing 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 penalties

Transferee (Name and Address)

Interest Held Relationship

Date Transferred

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/12

CS COMMISSION E 1-800-932-0936

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PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME SPEERS SUFFIX THOMAS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Candidate (including write-in) Check this C Public Official (Current) D Public Employee (Current) E Check this block block if you Nominea are amending if you are filing as a solicitor D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X bold seeking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: ATTORNEY REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: P.O. BOX 741 LEESPORT PA 19533 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) at employment. (See instructions on pg. 2) ONLY IF NONE; LAW FIRM Address: 651 W. GERMANTOWN PIKE PLYMOUTH TOWNSHIP PAKY62 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 661 W. GERHAUTOWN PIKE Position Held CONTINENTAL BANK FOUNDATION Address PLYMOUTH MEETING, PA 14462 DIRECTOR FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) The undersigned hereby affirms that the feregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties preson to the penalties s) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Signature THIS FORM IS

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

04 Public Position or Public Office

C Solicitor Civil Service Board

Held - 2011

05 Government Entity

C Plymouth Township

2012 APR 27 A 9: 45

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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A CHIEF ASSESSOR	
seeking hold held	
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*MONTGOMERY COUNTY	
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represent	
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P.D. BOX 311 NORRESTOWN PA 19484 50 =	
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THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RE	CORDS

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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O9 CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: Bank of America. Address: P.O. Box 150 Bank interest Rate All Initiation D.C. Address: P.O. Box 150 Bank interest Rate Address: P.O. Box 150 Bank interest Rate Address: P.O. Box 150 Bank interest Rat
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (see instructions on pg. 2) ONLY IF NOSE (OFFICIAL USE ONLY)
Name Montgomery County, PA Address: P. O. Box 311020 D NORRISTOWN PA- 194040311
11 GIFTS (See instructions on page 2) If NONE, check this box.
Address of Source of Gift Circumstances (including description) of Gift
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Name: Address:
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. Interest Held

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)

If NONE, check this box.

Interest Held 15

Relationship Date Transferred Transferee (Name and Address)

The undersigned hereby affirme that the forest to the penalties prescribed and correct to the best of said person's knowledge, information and belief, said affirmation being made subject cial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

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

MAKE A COPY FOR YOUR RECORDS.

	COMMONWEALTH OF PENNSYLVANIA
_	SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
0:	LAST NAME FIRST NAME MI SUFFIX
_	STEELE KEVIN R
02	ADDRESS City State Zip Code P.O. BOX 311 NORRISTOWN PA 19404
1	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: SEE ADDENDUM Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY)
	check this block? [h]
	Name: MONTGOMERY COUNTY Address: NORRISTOWN, PA
	CABRINI COLLEGE RADNOR, PA
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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ne i	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject penalties presc. \$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

Creditor	Interest Rate
American Express	15.24%
Bank of America	15.99%
Acura Financial Services	4.9%
Pacific Life	4.25%

10. SOURCES OF INCOME

Source Income	Address
County of Montgomery Cabrini College	Norristown, PA
	Radnor, PA

11. GIFTS

<u>Source</u>	Address	Value	Circumstances
None			<u>en camstances</u>

12. TRANSPORTATION, HOSPITALITY, LODGING

Source	Address	Value
PA DA Assn.	Harrisburg, PA	Unknown

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

<u>Entity</u>	Position Held	
Penn Wynne/Overbrook Hills Fire Department Penn State-Dickinson General Alumni Associa Penn State Alumni Association	Vice-President	DECENED.
	ar ar	

PENNSYLVANIA STATE ETHICS COMMISSION

l –	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-9
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A	MONTGOMERY COUNTY WORKFORCE
в	INVESTMENT BOARD
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	Prisided, MCCC the PRIOR calendar year indicated: 2 0 1 /
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5	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
5	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 Indersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subjective.

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

Enter Current Date

	COMMONWEALTH OF PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093											
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COMMONWEALTH OF	PENNSYLVANIA
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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX P 02 **ADDRESS** City State Zip Code Area Code Рһопе NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Candidate (including write-in) C Public Official (Current) Check this DAS Public Employee (Current) block if you Check this block Public Official (Former) if you are filing Public Employee (Former) are amending as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc. 05 06 OCCUPATION OR PROFESSION (This may 07 YEAR The information in blocks 8 through 15 below represents financial interests for be the same as block 4) the PRIOR calendar year indicated REAL ESTATE INTERESTS (See in tructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Address of Source of Giff Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box-Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box,

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

COMMONWEALTH OF	PENNSYLVANIA
SEC-1 REV 01/12	

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

Signature _

Enter Current Date .

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 2-0936

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

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

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/12 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNS (717	— YLVANIA STATE £THIC) 783-1610 • TOLL FREE	S COMMISSI 1-800-932-09
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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERES

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

COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV, 01/12 (717) 783-1610 + TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX 02 ADDRESS State Zip Code ourthouso Norristow 9404 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCE Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) _ Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) € 📙 block if you Check this block if you are filing are amending C Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X hold seeking held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Assistant District Albuner REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITIORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address 3 Federal Direct Lorans 5.3759 Uhca, NY Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. GIFTS (See instructions on page 2) If NONE, check this box. Source of Giff Value of Gin ì Address of Source of Gift Circumstances (including de brif-el TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Ś Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. [7] Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (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 prescribe

C Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).

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

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Date Transferred

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME Μŧ SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) block if you Public Official (Current) D Public Employee (Current) Check this block are amending if you are filing Public Official (Former) Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold seeking held seeking hold heldT GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, comm 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Giff Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pri Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

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

Enter Current Date

MAKE A COPY FOR YOUR RECORDS

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STATEMENT OF FINANCIAL INTERESTS

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STATEMENT OF FINANCIAL INTERESTS

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COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION SEC-1 REV 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0935 PLEASE PRINT NEATLY LAST NAME SUFFIX NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OF FINANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) block if you E Check this block if you are filing are amending Public Official (Former) Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 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: EPARTMENT HEAD REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOME ISE ONLY) Name: Address GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) of Gift

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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/12 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX CHNER 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA 03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina hold held seeking hold GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) 05 Ò В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: TRANSPORTATION ENGINEER REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) Name: MCMAYON ASSOCIATES INC. Address: 425 COMMERCE GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Valge of Gift Address of Source of Giff Circumstances (including description) 6f/Gift cn TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12. Source (Name and Address) OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Position Held Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject

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Sign

Enter Current Date 3/15/12

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

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01 LAST NAME FIRST NAME MI SUEELY			
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ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

Enter Current Date

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

Creditor:	Interest Rate:
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