COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME ALGARIN | **FIRST NAME** JULIO | **MI** | **SUFFIX**

02 ADDRESS office (business or governmental) or home: 60 Eagleville Rd | City: Norristown | State: Pa | Zip Code: 19403 | Area Code: 610 | Phone: 635-7100

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A Montgomery County Prison Board

☐ seeking ☑ hold ☐ held

B Prison Inspector

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

A Montgomery County

B

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

Prison Board Inspector - Member

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: Toyota Financial | Address: Temple Arizona 85285 | Interest Rate 2.5

AT&T Credit, Citi Credit Card | Louisville, KY 40290 | 8.9

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑

Business (Name and Address) | Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

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

Signatu[redacted] Enter Current Date March 21, 2023

THIS [redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: ALTMAN | FIRST NAME: BRETT | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: 240 New York Drive, Suite #1 | City: Fort Washington | State: PA | Zip Code: 19034 | Area Code / Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Commisioner ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: Montgomery County Farm Board

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

See Schedule A attached

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: none | Address: | Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Altman Management Co, LLC and various real estate partnerships | Address: 240 New York Drive, Ste #1 Fort Washington, PA 19034 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐

Source (Name and Address): none | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)
Name: See attached Schecule B | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐

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

Transferee (Name and Address): [redacted]

The undersigned hereby a[redacted]correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted]uthorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/13/23

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

SCHEDULE B

ITEM 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS

Allied Construction Services II, Inc

Elon Development Co., Inc.

Elon Affordable Housing

All of the above are based at 240 New York Drive, Suite #1, Fort Washington, PA 19034

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Angela | FIRST NAME: Bell | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 2783090

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

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

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

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

☐ Check this box if you are amending an original filing

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

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2022

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

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

Name: Department of Ed - MOHELA | Address: P.O> Box 79023 St. Louis,MO 63179-0233 | Interest Rate: 8%

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

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

(OFFICIAL USE ONLY)

2022 APR 24 PM 1:35

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

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

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

Source (Name and Address) | Value

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

Business Entity (Name and Address)

Name: Bell Law Office | Address: 1006 York Road, #23 Willow Grc | Position Held (i.e., officer, director, employee, etc.): Sole Proprietor

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

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

Bell Law Office 1006 York road, #23 Willow Grove, Pa 19090 | 100%

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

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

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 [redacted] and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 03/30/2023

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

Angela Bell 2022 Statement of Financial Interests Attachment

#10 Direct or Indirect Sources of income:

Family Services of Montgomery County (1099) 3125 Ridge Pike, Eagleville, PA 19043

Montgomery County (1099) Norristown, Pennsylvania, 19404

[redacted] 3/30/23

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JAN -2 PM 1:34

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Elizabeth

Last Name * (?) Angelo

Middle Initial L

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ince / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Environmental Health Specialist-MCOPH

Address * (?)

Street Address
1430 Dekalb street
Address Line 2
City
norristown
State / Province / Region
pa
Postal / Zip Code
19401
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 JAN -2 PM 1:31

01 Name

First Name * (?) Allyson

Last Name * (?) Angelucci

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Province / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Pottstown Borough

Position * (?) environmental health specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) environmental health specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-18

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: ANTONACIO | FIRST NAME: MARK | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: PO BOX 311 | City: NORRISTOWN, | State: PA | Zip Code: 19404 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: MONTGOMERY COUNTY | Address: PO BOX 311, NORRISTOWN PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned hereby affirms that the [redacted] to the penalties prescribed [redacted] e, information and belief, said affirmation being made subject to vee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/6/23

THIS FORM [redacted] MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 **LAST NAME**: Arena | **FIRST NAME**: Samantha | **MI**: A | **SUFFIX**:

02 **ADDRESS** office (business or governmental) or home: County Courthouse PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 **STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A ASSISTANT DISTRICT ATTORNEY

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

Assistant District Attorney

07 **YEAR** SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 **REAL ESTATE INTERESTS** (See instruction page) If NONE, check this box. ☒

09 **CREDITORS** (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 **GIFTS** (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 **FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Sign[redacted] Enter Current Date 4-6-2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Charlene

Last Name * (?) Artillio

Middle Initial

Suffix

02 Address

2023 APR 11 AM 11:43
VOTER SERVICES
PA

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
6102786219
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) Children's Clinical Services Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Children's Clinical Services Manager

07 Year

Year * (?) 2022
The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-11

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BALACKI | FIRST NAME: ALEXANDER | MI: J | SUFFIX:

02 ADDRESS (office/business): [redacted]

NOTE: IF [redacted] THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A FIRST DEPUTY CORONER / ADMIN ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY CO. CORONER'S OFFICE

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: USAA Federal Savings Bank (*) (Plus attachment)
Address: 9800 Fredricksburg Rd. San Antonio, TX 78288
Interest Rate: 14.90%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County Government Office of the Coroner
Address: 1430 DeKalb St. Norristown, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift
Address of Source of Gift
Value of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name [redacted])
Interest Held
Relationship
Date Transferred

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

Signatu[redacted] Enter Current Date 4/17/2023

THIS F[redacted] CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Police and Fire Federal Credit Union	901 Arch Street Philadelphia, Pennsylvania 19107	5.740%

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BARNES | FIRST NAME: TODD | MI: N | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City [redacted] State [redacted] Zip Code [redacted] Area Code [redacted] Phone [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

[ ] Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) [ ] seeking [■] hold [ ] held

A ASSISTANT DA [■] seeking [ ] hold [ ] held

B MAGISTERIAL DISTRICT JUDGE

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

A MONTGOMERY COUNTY

B PENNSYLVANIA JUDICIARY

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [■]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [ ]
Name: COLLEGE LOAN CORPORATION
(additional information attached)
Address: 1000 W. CHARLESTON BLVD
LAS VEGAS, NA
Interest Rate: 3.375%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box [ ]
Name: MONTGOMERY COUNTY, PA
(additional information attached)
Address: P.O. BOX 311
NORRISTOWN, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box [■]
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box [■]
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [ ]
Business Entity (Name and Address)
Name: ETERNAL LIFE MUSIC, INC.
Address: 1227 MARKLEY STREET, NORRISTOWN, PA
Position Held (i.e., officer, director, employee, etc.): Former Director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [■]
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [■]
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 1/20/23

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 (SECOND PAGE)

TODD N. BARNES - 2023

BLOCK 09 CREDITORS TO WHOM IS OWED MORE THAN $6,500

- CITADEL CREDIT UNION, 75 W. GERMANTOWN PK., EAST NORRITON, PA 0%

- POLICE AND FIRE FEDERAL CREDIT UNION, 5.49%
  236 W. DEKALB PK., KING OF PRUSSIA , PA

BLOCK 10 DIRECT OR INDIRECT SOURCES OF INCOME

- COMMONWEALTH OF PENNSYLVANIA – SERS
  30 N. 3RD ST., SUITE 150, HARRISBURG, PA 17101

- THE GOODHEART FIRM
  529 S. 16TH ST., SUITE 100, PHILADELPHIA, PA 19146

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BECK | FIRST NAME: TANNER | MI: C | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy St., | City: Norristown | State: PA | Zip Code: 19401 | Area Code: 610 | Phone: 278-3145

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Wells Fargo Bank | Address: | Interest Rate: 4.44%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: 2 E. Airy St. Norristown, PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

2023 APR 24 P1:34

The undersigned here[redacted]rue and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties presc[redacted]tion to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 4/24/23

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BENNER | FIRST NAME: THOMAS | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede St. | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3078

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Senior General Accounting Mngr ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: County of Montgomery

B:

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

Sr. General Acct Mngr

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022 ← 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

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

Signat[redacted] Enter Current Date 4/17/23

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Berger | FIRST NAME: Thomas | MI: C | SUFFIX: JR

02 ADDRESS office (business or governmental) or home: 600 Eagleville RD | City: Eagleville | State: PA | Zip Code: 19403 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Assistant Warden — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A:

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate: —

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name ar[redacted]

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

Signature [redacted] Enter Current Date 3/10/2023

THIS FOR[redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY 1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Simon

Last Name * (?) Bernnard

Middle Initial

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted]

nce / Region

Telephone * (?) [redacted]

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) County Planner 2

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) County Planner 2

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-12

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Marley

Last Name * (?) Bice

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?) 610-278-3740
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) Community Planning Assistant Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

9 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

PO Box 311

Address Line 2

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-22

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

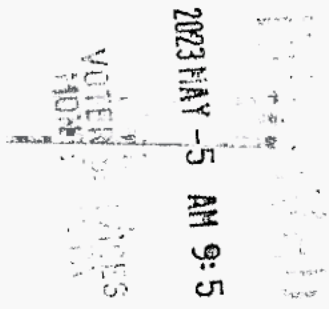
This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing?*

No



01 Name

First Name* (?)	Jill
Last Name* (?)	Blumhardt
Middle Initial	C
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

nce / Region

Telephone * (?)

[redacted]

Telephone Number ###-### ####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Montgomery County Planning Commission

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Lead Environmental Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) GM Financial

Address (?) P.O. Box 78143

City * Phoenix

State * AZ

Zip Code 85062

Interest Rate * 4.5

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Amtrak

Address * (?)

Street Address

2955 Market Street

Address Line 2

City

Philadelphia

State / Province / Region

PA

Postal / Zip Code

19104

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa. C.S. § 1101 et seq.

2023 JAN -2 PM 4:17

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Robert

Last Name * (?) Blue

Middle Initial

Suffix Jr.

02 Address

Business, Governmental, Hom or Postal Address* (?)

[redacted]

nce / Region

Telephone* (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Official (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County

Position* (?) Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Professional Engineer

07 Year

Year* (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Robert E Blue Consulting Engineers PC

Address * (?)

Street Address
1149 Skippack Pike
Address Line 2
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Name * (?) Blue Properties LLC

Address * (?)

Street Address
1149 Skippack Pike
Address Line 2
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name* (?) Robert Blue Engineers PC

Address* (?)

Street Address
1149 Skippack Pike
Address Line 2
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Position Held* (?) President

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

Yes

Business Entity

Name* (?) Blue Properties

Address* (?)

Street Address
1149 Skippack Pike
Address Line 2
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Interest Held* (?) 100
Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?)

[redacted]

Date

2023-05-02

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BONNER | FIRST NAME: THOMAS | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A RECOVERY OFFICER

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: AMERICAN EXPRESS Address: Interest Rate: 10

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ■
Name: Address: (OFFICIAL USE ONLY) 2023

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — 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 OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) Value: 10.

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — 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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BONSALL | **FIRST NAME:** BRIAN | **MI:** A | **SUFFIX:**

02 ADDRESS office (business or governmental) or home: PO Box 311 - One Mointgomery Plaza | **City:** Norristown | **State:** PA | **Zip Code:** 19404 | **Area Code Phone:** [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: PROJECT MANAGER

☐ seeking ☐ hold ☐ held

B:

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

A: MONTGOMERY COUNTY

B:

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

PROJECT MANAGER

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ☐

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signature [redacted] **Enter Current Date** 3/16/2023

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Booth | FIRST NAME: Marissa | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A: Assistant District Attorney

☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County

B:

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

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: Montgomery County Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 4/6/2023

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BoSSARD | FIRST NAME: ELIZABETH | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A officemanager bookkeeper — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Office Mgr./Bookkeeper

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Chase Mastercard
Address: P.O. Box 15123 Wilm. De 19850
Interest Rate: 13.00

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: County of Montgomery Recorder of Deeds
Address: 425 Swede St., Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereb[redacted]t of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/28/23

THIS FO[redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Harrison
Last Name * (?)	Bright
Middle Initial	B
Suffix	Jr.

02 Address

2023 JAN -2 PM 1:35

Business, Governmental, Home, or Postal Address * (?)

[redacted]

Telephone * (?)

[redacted]

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Lansdale Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature* (?)

[redacted]

Date

2023-04-19

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BRODERICK WOODS | FIRST NAME: MERRY | MI | SUFFIX

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A JURY COMMISSIONER

☐ seeking ☐ hold ☐ held

B

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

A

B

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

JURY COMMISSIONER

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: COUNTY OF MONTGOMERY P.O. BOX 311 Address: SWEDE & AIRY STREETS NORRISTOWN, PA 19401

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — 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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5-1-2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2023 APR 14 PM 3:03
OFFICE OF VOTER SERVICES
MONTGOMERY CO PA

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) David

Last Name * (?) Brown

Middle Initial P

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
50 Eagleville Road
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19403
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) Deputy Director-EMS Department of Public Safety

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Deputy Director Emergency Medical Services

Current Occupation or Profession * (?) Adjunct Faculty-Instructor MCCC

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
PO Box 311
Address Line 2
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404-0311
Country

Name * (?) Montgomery County Community College

Address * (?)

Street Address
340 DeKalb Pike
Address Line 2
City: Blue Bell
State / Province / Region: PA
Postal / Zip Code: 19422
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-03-30

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Brownell | FIRST NAME: Craig | MI: C | SUFFIX:

[redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Prison Board Member — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: Montgomery County Correctional

B:

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

Montco Prison Bd member

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and complete 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 and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/20/2023

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BUTLER | FIRST NAME: TONYA | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3870

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: SECOND DEPUTY

☐ seeking ☐ hold ☐ held

B:

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

A: MONTCO RECORDER OF DEEDS

B:

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

Second Deputy (supervisor)

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift — Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) — Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) — Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) — Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) — Interest Held

Transferee (Name and Address) — Relationship, Date Transferred

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

Signature [redacted] Enter Current Date 3-27-2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms.*

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing?*

No

01 Name

First Name* (?) Karina

Last Name* (?) Caddick

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

Telephone * (?) 610-278-3732
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Assistant Administrator

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Accountant

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
Yes

Creditors

Name * (?) American Heritage Credit Union

Address (?) 2060 Red Lion Road

City * Philadelphia

State * PA

Zip Code 19115

Interest Rate * 3.490
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

Name * (?) [redacted]

Address * (?) [redacted]

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Kevin

Last Name * (?) Chavous

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
P.O. Box 311
Address Line 2
City
Norristown
State / Province / Region
No
Postal / Zip Code
19404
Country

Telephone * (?) 16102783731
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) City Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) City Planning

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
P.O. Box 311
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-11

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 24 PM 2:58

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Maureen

Last Name * (?) Calder

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
P.O. Box 311
Address Line 2
One Montgomery Plaza, Suite 800
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19401
Country

Telephone * (?) 6102783033
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) First Assistant Solicitor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Attorney

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address
P.O. Box 311
Address Line 2
One Montgomery Plaza, Suite 800
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-24

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CALDWELL | FIRST NAME: WILLIAM | MI | SUFFIX

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A Constable

☐ seeking ☐ hold ☐ held

B

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

A Municipality of Norristown

B

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

Government Finance.

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: County of Montgomery | Address: 425 Swede St. Norristown PA

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

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

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

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

Transferee (Name and Address)

The undersigne[redacted]s knowledge, information and belief, said affirmation being made subject to the penalties [redacted]and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig[redacted] Enter Current Date 5/1/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: CALDWELL | FIRST NAME: WILLIAM | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede St Suite 600 | City: Norristown | State: PA | Zip Code: 19401 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: FIRST DEPUTY TREASURER — ☐ seeking ☒ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: COUNTY OF MONTGOMERY
- B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): 1st Deputy Treasurer

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: County of Montgomery | Address: 425 Swede St. Norristown PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned he[redacted]s knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted]nd Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date 3/17/23

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Anita

Last Name * (?) Capone

Middle Initial

Suffix

02 Address

2023 JAN -2 PM 1:35

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 DeKalb Street,
Address Line 2
City
Norristown
State / Province / Region
Pa
Postal / Zip Code
19401
Country

Telephone * (?)
6102785117
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental health specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) environmental health specialist

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CARNEY | FIRST NAME: MEGHAN | MI: B | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO BOX 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 2783090

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A ASSISTANT DISTRICT ATTORNEY

☐ seeking ☒ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County Address: PO Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

The undersigned hereb[redacted] and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]n to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/6/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Cass | FIRST NAME: Jennifer | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 50 Eagleville Rd | City: Eagleville | State: PA | Zip Code: 19403 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Administrator — ☐ seeking ■ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy Director-Communications

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Honda Motor Corp
Address: American Heritage
Interest Rate: 4.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: County of Montgomery
Address: Lower Frederick Township
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: PA-NENA
Address:
Position Held (i.e., officer, director, employee, etc.): Eastern Regional Director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 4/18/2023

THIS FORM IS CON [redacted] OCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: CAVFFMAN | FIRST NAME: SAMANTHA | MI: | SUFFIX: MRS

02 ADDRESS office (business or governmental) or home: MontCo DA's office, 4th Floor, Courthouse | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3156

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☑ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY DISTRICT

B: ATTORNEY'S OFFICE

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: MontCo 4th Floor, Courthouse, Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signature: [redacted] Enter Current Date: 4/20/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: CAULFIELD | FIRST NAME: LISA | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E AIRY ST | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: MONTGOMERY COUNTY
- B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Police + Fire Federal Credit Union | Address: 901 Arch St. Phila PA 19107 | Interest Rate: 2.99

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐ (OFFICIAL USE ONLY)
Name: MONTGOMERY COUNTY | Address: 2 E AIRY ST NORRISTOWN PA 19401

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 4/14/23

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: CAULFIELD | FIRST NAME: LISA | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E AIRY ST | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 20__

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Police + Fire Federal Credit Union | Address: 901 Arch St. Phila PA 19107 | Interest Rate: 2.99

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: MONTGOMERY COUNTY | Address: 2 E AIRY ST NORRISTOWN PA 1940| (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held, Relationship, Date Transferred
Transferee (Name and Address)

2023 MAY 10 AM 10:05

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

Signature: [redacted] Enter Current Date: 4/14/23

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Jared

Last Name * (?) Cinque

Middle Initial

Suffix

02 Address

2023 MAY -2 AM 7:25

Business, Governmental, Home, or Postal Address * (?)

[redacted]

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) State

State Entity * (?) Department of Health

Position * (?) Ehs

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Ehs

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?) **Date**

[redacted]

2023-04-26

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: CLARKE | FIRST NAME: MICHAEL | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex, Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code / Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: SOLICITOR — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: SEE ATTACHED

B:

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

Attorney

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name:	Address:
Rudolph Clarke, LLC	Trevose, PA 19053
County of Montgomery	Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)
Name: Rudolph Clarke, LLC	Address: 7 Neshaminy Interplex, Suite 200 Trevose, PA 19053	Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address)		Interest Held (i.e., 5%, 10%, etc.)
Rudolph Clarke, LLC	7 Neshaminy Interplex, Suite 200 Trevose, PA 19053	Shareholder-50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4/20/2023

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

STATEMENT OF FINANCIAL INTERESTS ATTACHMENT
MICHAEL P. CLARKE

Block 5 -

Solicitor – Abington Township
Solicitor – Borough of Conshohocken Authority
Solicitor – Borough of Conshohocken Zoning Hearing Board
Solicitor – Bucks County Solicitor's Office
Solicitor – Bucks County Tax Claim Bureau
Solicitor – Central Bucks Regional Police Commission-Civil Service
Solicitor – Collegeville Borough-Civil Service
Solicitor – Delaware County Regional Water Quality Control Authority
Solicitor – Delaware County Solid Waste Authority
Solicitor – Delaware River Port Authority/PATCO
Solicitor – East Brandywine Township
Solicitor – East Greenville Borough-Civil Service
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
Solicitor – Lower Providence Township
Solicitor – Lycoming County Controller's Office
Solicitor – Montgomery County Development Corporation
Solicitor – Montgomery County Orphans' Court & Register of Wills
Solicitor – Montgomery County Tax Claim Bureau
Solicitor – Morrisville Borough-Civil Service
Solicitor – Newtown Borough
Solicitor – Newtown Township Zoning Hearing Board
Solicitor – Nockamixon Township
Solicitor – Norristown Area School District
Solicitor – Municipality of Norristown
Solicitor – Municipality of Norristown-Civil Service
Solicitor – North Penn School District
Solicitor – North Wales Water Authority
Solicitor – Penndel Borough
Solicitor – Pennsbury School District
Solicitor – Pennsylvania State Association of County Controllers
Solicitor – Plymouth Township
Solicitor – Spring Mill Fire Company No. 1
Solicitor – Towamencin Township Government Study Commission
Solicitor – Upper Gwynedd Township
Solicitor – Washington County Controller's Office
Solicitor – Whitemarsh Township Authority
Solicitor – Whitpain Township
Solicitor – William Jeanes Memorial Library

2020 APR 26 PM 2:05

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME: CLARKE | FIRST NAME: MICHAEL | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex, Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: SOLICITOR — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: SEE ATTACHED

B:

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

07 YEAR SEE INSTRUCTIONS
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08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Rudolph Clarke, LLC; County of Montgomery | Address: Trevose, PA 19053; Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)
Name: Rudolph Clarke, LLC
Address: 7 Neshaminy Interplex, Suite 200, Trevose, PA 19053
Position Held (i.e., officer, director, employee, etc.): Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address): Rudolph Clarke, LLC, 7 Neshaminy Interplex, Suite 200, Trevose, PA 19053
Interest Held (i.e., 5%, 10%, etc.): Shareholder-50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

Transferee (Name and Address)

The undersigned here[redacted] person's knowledge, information and belief, said affirmation being made subject to the penalties presc[redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 4/20/2023

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

STATEMENT OF FINANCIAL INTERESTS ATTACHMENT
MICHAEL P. CLARKE

Block 5 -

Solicitor – Abington Township
Solicitor – Borough of Conshohocken Authority
Solicitor – Borough of Conshohocken Zoning Hearing Board
Solicitor – Bucks County Solicitor's Office
Solicitor – Bucks County Tax Claim Bureau
Solicitor – Central Bucks Regional Police Commission-Civil Service
Solicitor – Collegeville Borough-Civil Service
Solicitor – Delaware County Regional Water Quality Control Authority
Solicitor – Delaware County Solid Waste Authority
Solicitor – Delaware River Port Authority/PATCO
Solicitor – East Brandywine Township
Solicitor – East Greenville Borough-Civil Service
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
Solicitor – Lower Providence Township
Solicitor – Lycoming County Controller's Office
Solicitor – Montgomery County Development Corporation
Solicitor – Montgomery County Orphans' Court & Register of Wills
Solicitor – Montgomery County Tax Claim Bureau
Solicitor – Morrisville Borough-Civil Service
Solicitor – Newtown Borough
Solicitor – Newtown Township Zoning Hearing Board
Solicitor – Nockamixon Township
Solicitor – Norristown Area School District
Solicitor – Municipality of Norristown
Solicitor – Municipality of Norristown-Civil Service
Solicitor – North Penn School District
Solicitor – North Wales Water Authority
Solicitor – Penndel Borough
Solicitor – Pennsbury School District
Solicitor – Pennsylvania State Association of County Controllers
Solicitor – Plymouth Township
Solicitor – Spring Mill Fire Company No. 1
Solicitor – Towamencin Township Government Study Commission
Solicitor – Upper Gwynedd Township
Solicitor – Washington County Controller's Office
Solicitor – Whitemarsh Township Authority
Solicitor – Whitpain Township
Solicitor – William Jeanes Memorial Library

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Coco | FIRST NAME: Joseph | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3037

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ■ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A: Director of Purchasing ☐ seeking ☐ hold ☐ held

B:

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

A: County of Montgomery

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ■
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby [redacted] and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted]n to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/15/2023

THIS FOR[redacted]NY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 APR 18 AM 7:04

01 Name

First Name * (?) Ruth

Last Name * (?) Cole

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb St.
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
610-278-5117
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Director of Clinical Services

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Public Health Nurse Administrator

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
Yes

Creditors

Name * (?) Toyota Financial Services

Address (?)

City * Carol Stream

State * IL

Zip Code

Interest Rate * 2.49
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)
Yes

Source of Income

Name * (?) Genesis HealthCare

Address * (?)
Street Address
Pennsburg Manor
Address Line 2
530 Macoby St.
City
Pennsburg
State / Province / Region
PA
Postal / Zip Code
18073
Country

11 Gifts

Have you received any reportable gifts? * (?)
No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.
I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)
No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.
I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-17

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THIS FORM MUST BE COMPLETED AND FILED BY:

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2018 MAY 17 PM 3:36

Please check below if you have read and understand the above terms.*

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing?*

No

01 Name

First Name* (?) John

Last Name* (?) Corkum

Middle Initial H

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted] / Region

Telephone * (?) [redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery

Position * (?) Chairman- Montgomery County Farm Preservation Board

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Nurseryman/Tree Farmer

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Tom Steigerwald LCS Landscapes

Address * (?)

Street Address
42 Cottage Street
Address Line 2
City: Poughkeepsie
State / Province / Region: NY
Postal / Zip Code: 12601
Country

Name * (?) Mark Careyva

Address * (?) [redacted]

Name * (?) Matt Bucksar

Address * (?) [redacted]

Name * (?) David and Roseanne Schaaf

Address * (?) [redacted]

Name * (?) MDI Management

Address* (?)

Street Address
4044 Skippack Pike
Address Line 2

City
Collegeville

State / Province / Region
PA

Postal / Zip Code
19426

Country

Name* (?) Kimberton Land and Tree LLC

Address* (?)

Street Address
708 S 3RD Avenue
Address Line 2

City
Royersford

State / Province / Region
PA

Postal / Zip Code
19468

Country

Name* (?) Rob English

Address* (?) [redacted]

Name* (?) Jim Echternach

Address* (?) [redacted]

Name* (?) Ken Clemmer

Address* (?) [redacted]

Name* (?) Dan Rehrer

Address* (?) [redacted]

Name* (?) Matt Hall

Address* (?) [redacted]

Name* (?) Jeffrey Burt

Address* (?) [redacted]

Name* (?) Ashley Lawrence

Address* (?) [redacted]

Name* (?) Cynthia Brantley

Address* (?) [redacted]

Name* (?) Susan Zelenski

Address* (?) [redacted]

Name* (?) Seamus Clune

Address* (?) [redacted]

Name* (?) Patricia MacCabe

Address* (?) [redacted]

Name* (?) John Popilock

Address* (?) [redacted]

Name* (?) Nicole and Mke Croasdale

Address* (?) [redacted]

Name* (?) Greg Watson

Address * (?)

[redacted]

Name * (?) Nan Schwann

Address * (?)

[redacted]

Name * (?) Harry Fallick

Address * (?)

[redacted]

Name * (?) Chris Ray

Address * (?)

[redacted]

Name * (?) Lauren Miller

Address * (?)

[redacted]

Name * (?) Max Jacobs

Address * (?)

[redacted]

Name * (?) Srinath Sankar

Address * (?)

[redacted]

Name * (?) Jason Lavala

Address * (?)

[redacted]

Name * (?) Virginia Schmid

Address * (?)

[redacted]

Name * (?) Richard Hahn

Address * (?)

[redacted]

Name * (?) Nancy Fairclough

Address * (?) [redacted]

Name * (?) Peggy Fenner

Address * (?) [redacted]

Name * (?) Edward Shipley

Address * (?) [redacted]

Name * (?) Robert Fry

Address * (?) [redacted]

Name * (?) Denise Maggetti

Address * (?) [redacted]

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Corkum Tree Farm LLC

Address * (?)

Street Address
797 Bridge Road
Address Line 2

City
Collegeville

State / Province / Region
PA

Postal / Zip Code
19426

Country

Position Held * (?) Partner/co-owner

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Corkum Tree Farm

Address * (?)

Street Address
797 Bridge Road
Address Line 2

City
Collegeville

State / Province / Region
PA

Postal / Zip Code
19426

Country

Interest Held* (?) 30

Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?) [redacted]

Date

2023-04-30

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Cox | FIRST NAME: Eric | MI: J | SUFFIX:

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

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

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

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

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

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

A Assistant Solicitor

☐ seeking ☐ hold ☐ held

B

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

A Montgomer Count Solicitors

B

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

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2022

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

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

Name: AES
Address: PO Box 1047, Harrisburg, PA 191 6
Interest Rate: 3.5%

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

Name: Bisel Publishing
Address: 710 Washington Square, Phila, PA

(OFFICIAL USE ONLY)
APR 24 A 10:37

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

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

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

Source (Name and Address)
Value

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

Business Entity (Name and Address)
Position Held (i.e., officer, director, employee, etc.)

Name: Survival Technologies
Address: 502 Gates st. 19128

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

Name and Address of Business: Survival Technologies 502 Gates st. 19128
Interest Held (i.e., 5%, 10% etc.)

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

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

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

Signature

Enter Current Date 4/24/23

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THIS FORM MUST BE COMPLETED AND FILED BY:

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Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Joseph

Last Name * (?) Coyle

Middle Initial

Suffix

02 Address

2023 MAY -2 PM 1:31

Business, Governmental, Home or Postal Address * (?)

[redacted]

nce / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) environmental field services supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) environmental field services supervisor

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County salary

Address * (?)

Street Address

425 Swede St

Address Line 2

PO Box 311

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country:

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

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I Confirm

Signature * (?)

[redacted]

Date

2023-04-17

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2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Naomi

Last Name * (?) Crimm

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
425 Swede Street
Address Line 2
Suite 201
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
610-278-3748
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address
425 Swede Street
Address Line 2
Suite 201
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Cross | FIRST NAME: Joseph | MI: C | SUFFIX: Jr

02 ADDRESS office (business or governmental) or home: 2 East Airy Street | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3897

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

2023 APR ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Counter Clerk / Bookkeeper — ☐ seeking ☐ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A Montgomery County Prothonotary

B

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

Counter Clerk / Assistant Bookkeeper

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Prothonotary office | Address: 2 E. Airy St Norristown, PA 19404

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

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

Signatur[redacted] Enter Current Date 3-28-23

THIS F[redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Janet
Last Name * (?)	Cunningham
Middle Initial	B
Suffix	

02 Address

Business, Governmental, Hom or Postal Address * (?)

[redacted] Region

Telephone * (?) [redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Merion Township

Position * (?) Montgomery County Transportation Authority
Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Civil Engineer

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) JBC Associates, Inc.

Address * (?)

Street Address
120 S Warner Rd
Address Line 2
Suite 100
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) JBC Associates, Inc.

Address* (?)

Street Address
120 S Warner Rd
Address Line 2
Suite 100
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

Position Held* (?) President

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

Yes

Business Entity

Name* (?) JBC Associates, Inc.

Address* (?)

Street Address
120 S Warner Rd
Address Line 2
Suite 100
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

Interest Held* (?) 100
Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?) **Date**

[redacted]

2023-03-27

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Dean | FIRST NAME: Francis | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 Dekalb Street Rear | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3770

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A Director of Mail-In Elections — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A County of Montgomery

B

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

Director of Mail-in Elections

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

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

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

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

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held, Relationship, Date Transferred

Transferee (Name and Address)

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

Signature[redacted] Enter Current Date 5/1/23

THIS F[redacted]VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Dechel | FIRST NAME: Bradley | MI: W | SUFFIX:

02 [redacted] State | Zip Code | Area Code | Phone: [redacted]

N[redacted]AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Assistant District Attorney ☐ seeking ☐ hold ☐ held

B

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

A Montgomery County District

B Attorney's office

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒
/

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Nelnet | Address: P.O. Box 82561 Lincoln, NE | Interest Rate 4.0 - 6.69%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

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

Signatur[redacted] Enter Current Date 4-23-23

THIS FO[redacted]OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 14 PM 3:03
VOTER SERVICES

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Margaret

Last Name * (?) Deshon

Middle Initial

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted] Region

Telephone * (?) 6102782666
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Plymouth Township

Position * (?) EMS Asst Training Coord

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Emergency Medical Services

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *
No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-03-22

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, seeking re-election, and write-in candidates who do not decline of same.

amended

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or persons serving as alternates/designees. The term ;

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 MAY -1 AM 11:23

01 Name

First Name * (?) Elizabeth

Last Name * (?) DiArcangelo

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO box 311
Address Line 2
1430 Dekalb St.
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19401
Country

Telephone * (?)
6102783606
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Administrator

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Administrator health and human services

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *
No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-28

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Elizabeth

Last Name * (?) DiArcangelo

Middle Initial

Suffix

02 Address

2023 APR 25 AM 11:36

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO box 311
Address Line 2
1430 Dekalb St.
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
6102783606
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Administrator

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Administrator health and human services

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Montgomery Anti Hunger Network

Address * (?)

Street Address
PO Box 1086
Address Line 2
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

Position Held * (?) Board member

Name * (?) ICN

Address * (?)

Street Address

Eisenhower School

Address Line 2

1601 Markeley St.

City

Norristown

State / Province / Region

Pennsylvania

Postal / Zip Code

19401

Country

Position Held * (?) Board member- secretary

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-25

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Dillio | FIRST NAME: Diana | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 425 Swede Street | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3292

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: First Deputy — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: Recorder of Deeds Montgomery C

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Navient | Address: PO Box 9000, Wilkes-Barre, PA 18773 | Interest Rate: 4.0%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: 425 Swede Street, Norristown, PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 3/21/2023

THIS FOR[redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME: DOHONY | FIRST NAME: DANIEL | MI: P | SUFFIX: JR

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code / Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A MONTGOMERY CO DIST — ☐ seeking ☒ hold ☐ held

B ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

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

A MONTGOMERY CO. DISTRICT ATTORNEY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Nissan Motor Acceptance Company
Address: NMAC 8900 Freeport Pwky Irving TX 75063
Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name:
Address:
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

2023 MAY 10 AM 10:05

The undersigned hereby affirms that the foregoing 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 [redacted] tion to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5/8/2023

THIS FORM IS [redacted] ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: D'Orazio | FIRST NAME: Martha | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 60 Eagleville Road | City: Eagleville | State: PA | Zip Code: 19403 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Assistant Warden — ☐ seeking ■ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: County of Montgomery

B:

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

Assistant Warden

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: American Heritage Fed. Credit Union
Address: 2060 Red Lion Road, Phila., PA 19115
Interest Rate: 3.5

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: County of Montgomery
Address: PO Box 311, Norristown, PA 19403
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

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

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

Signat[redacted] Enter Current Date 03/9/2023

THIS [redacted] OCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME DORTONE | **FIRST NAME** DEAN | **MI** J | **SUFFIX**

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code ( ) | Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Chief Financial Officer — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: PNC Bank | Address: Phila. PA | Interest Rate 2.75%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

The undersigned [redacted] information and belief, said affirmation being made subject to the penalties [redacted] Ethics Act, 65 Pa.C.S. §1109(b).

Sig[redacted] Enter Current Date 3/15/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME DREHER | **FIRST NAME** RICHARD | **MI** J | **SUFFIX**

02 ADDRESS office (business or governmental) or home [redacted] City | State | Zip Code | Area Code | Phone [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A SECRETARY-PRISON BOARD ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A

B

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

07 YEAR SEE INSTRUCTIONS Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ☐

Name: SEE ATTACHED | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signatur[redacted] Enter Current Date 3-20-23

THIS F[redacted] BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: DUGAN | FIRST NAME: PATRICIA | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Courthouse - 4th fl P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3314

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: DISTRICT ATTORNEY'S OFFICE — ☐ seeking ☒ hold ☐ held
- B: ASST DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

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

- A: MONTGOMERY COUNTY DISTRICT
- B: ATTORNEY'S OFFICE

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Fed. Student Loans | Address: | Interest Rate: 8.124%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Normandy Farm Hotel and Conference Center | Address: 1401 Morris Road Blue Bell, PA 19422 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address): Name: See #10 | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The unders[redacted] person's knowledge, information and belief, said affirmation being made subject to the pena[redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: 4/6/23

[redacted] T COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2023 APR 14 PM 3:03
OFFICE OF
VOTER SERVICES
NORRISTOWN, PA

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Timothy
Last Name * (?)	Dunigan
Middle Initial	P
Suffix	III

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted] Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Montgomery Co. Dept. of Public Safety / EMS

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Pre-Hospital System Coordinator

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery Co. Dept. of Public Safety

Address * (?)

Street Address
50 Eagleville Road
Address Line 2
City: Eagleville
State / Province / Region: PA
Postal / Zip Code: 19403
Country

Name * (?) Montgomery Co. Community College

Address * (?)

Street Address
340 Dekalb Pike
Address Line 2
City: Blue Bell
State / Province / Region: PA
Postal / Zip Code: 19422
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-03-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2023 APR 14 PM 3:03
OFFICE OF VOTER SERVICES

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Timothy
Last Name * (?)	Dunigan
Middle Initial	P
Suffix	III

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted] / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Montgomery Co. Dept. of Public Safety / EMS

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Pre-Hospital System Coordinator

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery Co. Dept. of Public Safety

Address * (?)

Street Address
50 Eagleville Road
Address Line 2
City: Eagleville
State / Province / Region: PA
Postal / Zip Code: 19403
Country

Name * (?) Montgomery Co. Community College

Address * (?)

Street Address
340 Dekalb Pike
Address Line 2
City: Blue Bell
State / Province / Region: PA
Postal / Zip Code: 19422
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-21

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THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?)	Monica
Last Name * (?)	Echavarria
Middle Initial	N
Suffix	

02 Address

2023 MAY -2 PM 1:33

Business, Governmental, Home, or Postal Address * (?)

[redacted]

nce / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental health specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental health specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Staffing solutions organizations LLC.

Address * (?)

Street Address

99 Washington Avenue suite 1720

Address Line 2

City: albany

State / Province / Region: ny

Postal / Zip Code: 12210

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections: N/a

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (7)	Date
[redacted]	2023-04-20

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THIS FORM MUST BE COMPLETED AND FILED BY:
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2023 JUL -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Matthew

Last Name * (?) Edmond

Middle Initial

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted]

vince / Region

Telephone * (?)

[redacted]

Telephone Number ### ### ####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Assistant Director

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) City Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

P.O. Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404-0311

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-04-11

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: EIJSKOOT | FIRST NAME: JEROEN | MI: S | SUFFIX: Mr

02 ADDRESS office (business or governmental) or home: PO Box 311 - One Mointgomery Plaza | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3613

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A: PROJECT MANAGER Roads & Bridges

☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County

B:

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

Project Manager Roads & Bridges

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ■

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

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

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 03/22/2023

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B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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2022 JAN -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	John
Last Name * (?)	Ernst
Middle Initial	J
Suffix	IV

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted] / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Lansdale Borough

Position * (?) Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Board Member

06 Occupation or Profession

Current Occupation or Profession * (?) Borough Manager

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) John J Ernst

Address * (?) [redacted] ce / Region

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

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☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-03

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THIS FORM MUST BE COMPLETED AND FILED BY:
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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Donna

Last Name * (?) Fabry

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Planning Commission
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?) 610-278-3445
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Principal Trails & Open Space Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Principal Trails & Open Space Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name* (?) TruMark Financial

Address (?) PO Box 8127

City* Fort Washington

State* PA

Zip Code 19034

Interest Rate* 3.19
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)

Yes

Source of Income

Name* (?) County of Montgomery

Address* (?)

Street Address
PO Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

11 Gifts

Have you received any reportable gifts?* (?)

No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)

No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: FALIN | FIRST NAME: ROBERT | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3102

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A: DEPUTY DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: American Education Services | Address: P.O. Box 2461 Harrisburg, PA 1710 | Interest Rate: 3%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 4/24/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: FANCHER | FIRST NAME: RODERICK | MI: M | SUFFIX: 3d

02 ADDRESS office (business or governmental) or home: 2 E. Airy Street | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3131

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: FED LOAN SERVICING - STUDENT LOAN | Address: | Interest Rate: 5-7.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: FAIRMOUNT FIRE COMPANY OF LANSDALE | Address: 100 VINE STREET
INCENTIVE STIPEND | LANSDALE, PA 19446

(OFFICIAL USE ONLY) 2023 APR 13 PM 1:35

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: FAIRMOUNT FIRE CO. RELIEF ASSOC. | Address: 100 VINE STREET, LANSDALE, PA
Position Held (i.e., officer, director, employee, etc.): VICE PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/15/2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 MAY -5 AM 9:50

01 Name

First Name * (?) Catherine

Last Name * (?) Farrell

Middle Initial

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Montgomery County Transportation Authority

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Civil Engineer

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) HNTB Corp

Address * (?)

Street Address
1650 Arch st
Address Line 2
Suite 1700
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19025
Country

Name * (?) AECOM

Address * (?)

Street Address
625 West Ridge Pike
Address Line 2
Suite E-100
City
Conshohocken
State / Province / Region
PA
Postal / Zip Code
19428
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-05-05

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 MAY -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Gail
Last Name * (?)	Farmer
Middle Initial	C
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

vince / Region

Telephone * (?)

Telephone Number ### ###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Open Space Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Nonprofit Executive Director

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?)

[redacted]

Province / Region

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?)	Trumark Financial Credit Union
Address (?)	335 Commerce Dr PO Box 8127
City *	Fort Washington
State *	PA
Zip Code	19034
Interest Rate *	3.99 Exclude the "%" symbol
Name * (?)	Bank of America
Address (?)	PO Box 45224
City *	Jacksonville
State *	Florida
Zip Code	32232
Interest Rate *	5.99 Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?)	Wissahickon Trails

Address * (?)

Street Address
12 Morris Rd
Address Line 2
City
Ambler
State / Province / Region
PA
Postal / Zip Code
19002
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-26

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act. 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Chloe

Last Name * (?) Feeny

Middle Initial J

Suffix

02 Address

2023 MAY -2 PM 1:32

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
Yes
Selecting "Yes" will allow for additions below.

Status * (?) Public Employee (Former)

State or County/Local * (?) County/Local

County * (?) Chester County

County/Local Entity * (?) West Goshen Township

Position * (?) Environmental Health Technician

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Chester County Health Department

Address * (?)

Street Address
601 Westtown Road
Address Line 2
Suite #295
City
West Chester
State / Province / Region
PA
Postal / Zip Code
19382
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 **LAST NAME** FERLEGER | **FIRST NAME** MEREDITH | **MI** L | **SUFFIX**

02 **ADDRESS office (business or governmental) or home** [redacted] City State Zip Code Area Code Phone

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

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

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

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

☐ **Check this box if you are amending an original filing**

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

A COMMISSIONER

☐ seeking ☒ hold ☐ held

B SOLICITOR

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

A UPPER DUBLIN TOWNSHIP

B MONTGOMERY COUNTY

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

Attorney

07 **YEAR** **SEE INSTRUCTIONS.**

Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2021

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

1418 Gentlemen's Way, Dresher, PA 19025

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

Name: Ally Finance Auto Address: P.O. Box 380901 Bloomington, MN 55438

Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on page 2) **If NONE,** ☐

Dilworth Paxson LLP, 1500 Market Street, Suite 3500E, Phila, PA 19102

Name: Montgomery County , P.O. Box 311, Norristown, PA 19404 Address: Upper Dublin Township, 801 Loch Alsh Ave, Ft. Washington Pa 19034

Century 21 Advantage Gold , 201 Yorktown Plz, Elkins Park PA

(OFFICIAL USE ONLY)

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

Source of Gift | Value of Gift

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

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

Source (Name and Address) | Value

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

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Dilworth Paxson, LLP, 1500 Market Street, Suite 3500E, Phila, Pa 19102 Address: | Attorney, Partner

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

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship

Date Transferred

The undersigned hereby affir[redacted]ct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by [redacted]rities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/24/2022

THIS FORM IS [redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 21 P 3:12

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 JAN -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Dulcie

Last Name * (?) Flaharty

Middle Initial F

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

...nce / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Marlborough Township

Position * (?) Board Member County Planning Commission

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Retired

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Rental Property

Address * (?) [redacted] ince / Region

Name * (?) Investment income, Equitable Advisors, LLC

Address * (?)

Street Address

1290 Avenue of the Americas

Address Line 2

City: New York

State / Province / Region: NY

Postal / Zip Code: 10104-2702

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections: none

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) [redacted]

Date 2023-03-24

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: FRAME | FIRST NAME: SCOTT | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 East Airy Street, 4th Floor | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3918

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B

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

A GOVERNMENT ENITY

B MONTGOMERY COUNTY

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2 0 ☐ ☐

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: CHASE BANK, APPLE CARD
BANK OF AMERICA, GOLDMAN SACHS
Address:
Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: MONTGOMERY COUNTY
Address:

(OFFICIAL USE ONLY)
2023 MAR 24 PM 1:36

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☐
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date March 7, 2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. 1101 et seq.

2023 JUN 1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) James

Last Name * (?) France

Middle Initial S

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?)	Public Employee (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Montgomery County
Position * (?)	Planning Commission Director

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?)	Public Official (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	Lower Merion Township
Position * (?)	Planning Commission Board Co-Chair

Status * (?)	Public Official (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**

Other County/Local Entity* (?) Schuylkill River Passenger Rail Authority

Position* (?) Board Member

06 Occupation or Profession

Current Occupation or Profession* (?) Planner

07 Year

Year* (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests?* Yes

Real Estate

Address* (?)

Street Address

NA

Address Line 2

City

NA

State / Province / Region

NA

Postal / Zip Code

NA

Country

09 Creditors

Are you amending your form as to creditors?*

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income?*

No

11 Gifts

Are you amending your form as to gifts?*

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality?*

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections: I am attempting to amend my form so as to delete the real estate interest in box 8. Originally I had identified my home mortgage but that has nothing to do with the Commonwealth, so the answer should have been none.

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) [redacted]

Date 2023-05-01

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Mary

Last Name * (?) Frehner

Middle Initial P

Suffix

02 Address

2023 MAY -2 AM 7:25

Business, Governmental, Home or Postal Address * (?)

[redacted]

ince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Moreland Township

Position * (?) EHS

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) EHS

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) MCOPH

Address * (?)

Street Address
102 N York Rd
Address Line 2
Suite 401
City
Willow Grove
State / Province / Region
PA
Postal / Zip Code
19090
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) MCOPH

Address * (?)

Street Address
102 N York Rd
Address Line 2
Suite 401
City
Willow Grove
State / Province / Region
PA
Postal / Zip Code
19090
Country

Position Held * (?) EHS

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?) [redacted]

Date 2023-04-17

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: FREIMUTH | FIRST NAME: ANDREW | MI: R | SUFFIX:

[redacted] State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Solicitor ☐ seeking ■ held ☐ held

B ☐ seeking ☐ held ☐ held

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

A MONTGOMERY COUNTY RDA

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: CITIZENS BANK
Address: PO BOX 42033, PROVIDENCE , RI 02940-2033
Interest Rate: 5.85%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Wisler Pearlstine, LLP
Address: 460 Norristown Road, Suite 110, Blue Bell, PA 19422
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: Wisler Pearlstine, LLP
Address: see above
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address)
Interest Held
Relationship
Date Transferred

[redacted]

The unders[redacted]t of said person's knowledge, information and belief, said affirmation being made subject to the pena[redacted]e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: February 15, 2023

[redacted]E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 JUL 11 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Laura

Last Name * (?) Frein

Middle Initial B

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

[redacted]

nce / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Transportation Authority

Position * (?) Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Business Development and Marketing Manager

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

Yes

Creditors

Name* (?) TruMark Financial

Address (?) 335 Commerce Drive

City* Fort Washington

State* PA

Zip Code 19034

Interest Rate* 3.290
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income?*

No

11 Gifts

Are you amending your form as to gifts?*

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality?*

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business?*

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit?*

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: FUELLEBORN | FIRST NAME: HILARY | MI: A | SUFFIX:

02 ADDR [redacted]

NOTE: IF Y [redacted] NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A REGISTER OF WILLS — ☒ seeking ☐ hold ☐ held

B SOLICITOR TO PROTHONOTARY — ☐ seeking ☒ hold ☐ held

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

A MONTGOMERY COUNTY

B PROTHONOTARY of MONTGOMERY CO.

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: see attached Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: see attached Address: Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address)
see attached Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signatu[redacted] Enter Current Date 3/4/23

THIS F[redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Supplemental Answers

10. Direct or Indirect sources of income:

a. Yorkway Law Group. 745 Yorkway Place, Jenkintown PA 19046

b. United Health Group. PO Box 1459 Minneapolis, MN 55440-1459

c. Montgomery County (Prothonotary Solicitor). 2 E. Airy Street, Norristown, PA 19404

d. Rental Property: [redacted]

13. Office Directorship or Employment in Any Business

a. Yorkway Law Group. 745 Yorkway Place, Jenkintown PA 19046

b. Sacks of East Syracuse. 131 West Manlius St. East Syracuse, NY

14. Business interest in any legal entity business for profit

a. Yorkway Law Group. 745 Yorkway Place, Jenkintown PA 19046

b. Sacks of East Syracuse. 131 West Manlius St. East Syracuse, NY

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: GALLAGHER | **FIRST NAME:** JOCELYN | **MI:** | **SUFFIX:**

02 ADDRESS office (business or governmental) or home: 1430 DEKALB STREET 5TH FLOOR | **City:** NORRISTOWN | **State:** PA | **Zip Code:** 19401 | **Area Code:** (610) | **Phone:** 278-5141

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ **Check this box if you are amending an original filing**

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ■ held

A ASSITANT SECRETARY ☐ seeking ☐ hold ☐ held

B

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

A MONTCO HEHA

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 If NONE, check this box ☐
Name: SUBARU
Address: PO BOX 78232, PHOENIX, AZ 85062-8232
Interest Rate: 0.00%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** If NONE, check this box ☐
Name: DEPUTY DIRECTOR MONTGOMERY COUNTY COMMERCE DEPARTMENT
Address: 425 SWEDE STREET, NORRISTOWN, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ■
Business Entity (Name and Address)
Name: | Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ■
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ■
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 2/24/2023

THIS FO[redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: GALLAGHER | FIRST NAME: LAUREN | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex Ste. 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code / Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A SOLICITOR — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A SEE ATTACHED

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: See Attached | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: See Attached | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: See Attached | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

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

Signa[redacted] Enter Current Date 2/1/2023

THIS [redacted]OCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Statement of Financial Interests
Lauren Gallagher – 2022 calendar year

Block 05

Upper Gwynedd Township
Falls Township
Abington Township
Bensalem Township
Newtown Borough
Borough of Conshohocken Authority
East Norriton Plymouth Whitpain Joint Sewer Authority
Richland Township Water Authority
Northampton, Bucks County, Municipal Authority
Montgomery County Clerk of Courts
Towamencin Township, Government Study Commission

Block 09

Creditor	*Interest Rate*
Nelnet Servicing, LLC, d/b/a Firstmark Services PO Box 82522 Lincoln, NE 68501	3.29%
US Bank Northeast Auto Loan P.O. Box 790179 St. Louis, MO 63179-0179	4.49%
CITI Cards P.O. Box 70166 Philadelphia, PA 19176-0166	0%
Lafayette Federal Credit Union 2701 Tower Oaks Bvld Rockville, MD 20852	6.74%

Block 10

Rudolph Clarke, LLC, 7 Neshaminy Interplex, Suite 200, Trevose, PA 19053
County of Montgomery, 425 Swede Street, PO Box 311, Norristown, PA 19404

Block 13

Employer	*Position Held*
Rudolph Clarke, LLC 7 Neshaminy Interplex, Suite 200 Trevose, PA 19053	Attorney/Partner

County of Montgomery
425 Swede Street, PO Box 311
Norristown, PA 19404

Solicitor

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 MAY -2 PM 1:32

01 Name

First Name * (?)	Robert
Last Name * (?)	Geary
Middle Initial	W
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 DeKalb Street
Address Line 2
City
Norristown
State / Province / Region
Pa
Postal / Zip Code
19404-0311
Country

Telephone * (?) 610-278-5117
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Social Security

Address * (?)

Street Address
1700 Markley Street

Address Line 2

City
Norristown

State / Province / Region
Pa

Postal / Zip Code
19401

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections: i just receive Social Security Checks Monthly

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-20

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Steven
Last Name * (?)	Gerloff
Middle Initial	M
Suffix	

02 Address

2023 MAY -2 PM 1:31

Business, Governmental, Home, or Postal Address * (?)

[redacted]

Province / Region

Y

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Pottstown Borough

Position * (?) EFS Supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) EFS Supervisor

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Citizens Bank

Address (?) One Citizens Bank Way

City * Johnston

State * RI

Zip Code 02919

Interest Rate * 1.9
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?) [redacted] ovince / Region

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-17

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Giamporcaro | FIRST NAME: Sharon | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: District Attorney's Office, P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3122

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: Deputy District Attorney — ☐ seeking ☐ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: Montgomery County
- B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County, PA | Address: P.O. Box 311 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby [redacted] on's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted] al and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 3/6/23

THIS FOR[redacted] MPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: BILLEN | FIRST NAME: CAROLYN | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 2 EAST AIRY STREET | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3579

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

2023

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: SECOND DEPUTY — ☐ seeking ☐ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: PROTHONOTARY
- B: MONTGOMERY COUNTY

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

07 YEAR SEE INSTRUCTIONS
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08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

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Name: | Address: | (OFFICIAL USE ONLY)

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

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Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

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Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 3-14-2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Andrew

Last Name * (?) Gilmartin

Middle Initial P

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

rovince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Domestic Relations

Position * (?) Fiscal Supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Fiscal Supervisor

07 Year

Year * (?) 2022

The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?)

[redacted]

Province / Region

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

P.O. Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Montgomery County

Address * (?)

Street Address
P.O. Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Position Held * (?) Fiscal Supervisor

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?) [redacted]

Date 2023-03-09

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME Glenning | **FIRST NAME** Gabriella | **MI** E | **SUFFIX**

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ **Check this box if you are amending an original filing**

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

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) **If NONE, check this box.** ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Mohela
Address: 633 Spirit Drive Chesterfield, MO 63005-1243
Interest Rate 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐
Name: Montgomery County, PA
Address: P.O. Box 311 Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) **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 instruction page) **If NONE, check this box.** ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) **If NONE, check this box.** ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) **If NONE, check this box.** ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

The undersigned hereby affirms [redacted] to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 [redacted]ies) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04/20/2023

THIS FORM IS C[redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: GOLDSTEIN | FIRST NAME: CAROLINE | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 East Airy Street, PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY

B

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: MONTGOMERY COUNTY Address: PO BOX 311,NORRISTOWN, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signa[redacted] Enter Current Date 3/22/23

THIS [redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 24 PM

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: GORDON | FIRST NAME: BRIAN | MI: A | SUFFIX:

02 ADDRESS, office (business or governmental) or home [redacted] 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 NUMBER

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A SOLICITOR TO THE CORONER

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: GORDON & ASHWORTH, P.C. Address: 168 Idris Rd., Merion Sta PA 19066 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐
Source (Name and Address) [redacted] Value
Jim Grolch 4500 00

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address) [redacted]
Name: Concerned Citizens for Democracy Address: [redacted] Position Held (i.e., officer, director, employee, etc.) Director/Manager

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address) [redacted] Interest Held (i.e., 5%, 10%, etc.)
Kates Gordon Partnership, 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 4 18 23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: GORDON | FIRST NAME: MICHAEL | MI: P. | SUFFIX:

02 ADDRESS office (business or governmental) or home: 60 Eagleville Rd | City: Norristown | State: PA | Zip Code: 19403 | [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: ☐ seeking ☐ held ☐ held
- B: ☐ seeking ☐ held ☐ held

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

- A: MONTGOMERY COUNTY PRISON BOARD
- B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: German Town Academy | Address: 340 Morris Rd, Ft. Washington Pa. 19034
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee

The undersign[redacted] of said person's knowledge, information and belief, said affirmation being made subject to the penalti[redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

S[redacted] Enter Current Date 3/21/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: GRADEL | FIRST NAME: JOHN | MI: N | SUFFIX:

02 ADDRESS office (business or governmental) or home: DA OFFICE 4TH FL. COURTHOUSE | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278 3137

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: MONTGOMERY County Address: (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name: Address: Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/30/23

THIS FO[redacted]OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2023 APR 24 PM 1:34

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Grobstein | FIRST NAME: Jediah | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy St. | City: Norristown | State: PA | Zip Code: 19401 | Area Code Phone: [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A: Assistant District Attorney ☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County

B:

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: CitiBank | Address: 388 Greenwhich St., New York, NY | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County | Address: 2 E. Airy St., Norristown PA 19401

(OFFICIAL USE ONLY) 2023 APR 24 P 1:35

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/16/23

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JAN -2 PM 4:17

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Pattie

Last Name * (?) Guttenplan

Middle Initial E

Suffix

02 Address

Business, Governmental, Hom or Postal Address* (?)

[redacted]

vince / Region

Telephone* (?) [redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Employee (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County

Position* (?) Assistant Director of Design & Outreach

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

Yes

Selecting "Yes" will allow for additions below.

Status* (?) Public Official (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Souderton Charter School Collaborative

Position* (?) Trustee

06 Occupation or Profession

Current Occupation or Profession* (?) Landscape Architect

Current Occupation or Profession * (?) Land Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Discover

Address (?) PO Box 30943

City * Salt Lake City

State * UT

Zip Code 84130

Interest Rate * 23.24

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

PO Box 311

Address Line 2

City

Norristown

State / Province / Region

No

Postal / Zip Code

19404

Country

11 Gifts

Have you received any reportable gifts?* (?)

No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)

No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?* (?)

Yes

Business Entity

Name* (?) County of Montgomery

Address* (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
No
Postal / Zip Code
19404
Country

Position Held* (?) Assistant Director of Design & Outreach-Planning Department

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. §§ 1101 et seq.

2023 MAY 1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?)	Pattie
Last Name * (?)	Guttenplan
Middle Initial	E
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ovince / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?)	Public Employee (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Montgomery County
Position * (?)	Assistant Director of Design & Outreach

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?)	Public Official (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Souderton Charter School Collaborative
Position * (?)	Trustee

06 Occupation or Profession

Current Occupation or Profession * (?)	Landscape Architect

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in anv Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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2023 MAY -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) JEFFREY

Last Name * (?) GUZY

Middle Initial D

Suffix

02 Address

Business, Governmental, Home or Postal Address* (?)

[redacted]

Telephone* (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Official (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County Transportation Authority

Position* (?) Secretary/Treasurer

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Engineer

07 Year

Year* (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) RK&K

Address * (?)

Street Address

680 American Ave, Suite 300

Address Line 2

City

King of Prussia

State / Province / Region

PA

Postal / Zip Code

19406

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) RK&K

Address* (?)

[redacted]

ce / Region

Position Held* (?) Engineer

Name* (?) King of Prussia Rotary Foundation

Address* (?)

Street Address
PO Box 60187
Address Line 2
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

Position Held* (?) Treasurer

Name* (?) Greater Valley Forge TMA

Address* (?)

Street Address
Moore Road
Address Line 2
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

Position Held* (?) President

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Harding | FIRST NAME: Siobhan | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 East Airy Street | City: Norristown | State: PA | Zip Code: 19127 | Area Code: 610 | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Assistant District Attorney — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: District Attorney's Office

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

I went through realtor for my house, Address is [redacted]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,300 — If NONE, check this box ☐

Name: American Express | Address: New York, NY | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

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

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

2023 APR 24 PM 1:31

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

Signature [redacted] Enter Current Date 4/24/23

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C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?)	Theodore
Last Name * (?)	Harling
Middle Initial	W
Suffix	

02 Address

2023 MAY -2 AM 7:26

Business, Governmental, Home or Postal Address * (?)

[redacted]

ovince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Office of Public Health

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
425 Swede St
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections: Adding information to block 10

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-18

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

THIS FORM MUST BE COMPLETED AND FILED BY:
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2023 MAY 1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Veronica
Last Name * (?)	Harris
Middle Initial	C
Suffix	

02 Address

Business, Governmental, Home, or Postal Address* (?)

Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19403
Country

Telephone* (?) 16102783744
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Employee (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County

Position* (?) Recycling Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Manager

07 Year

Year* (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

Yes

Creditors

Name* (?) OSLA Student Loan Servicing

Address (?) 525 Central Park Drive, suite 600

City* Oklahoma City

State* Oklahoma

Zip Code

Interest Rate* 7
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)
Yes

Source of Income

Name* (?) Montgomery County

Address* (?)
Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404
Country

11 Gifts

Have you received any reportable gifts?* (?)
No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)
No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-30

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THIS FORM MUST BE COMPLETED AND FILED BY:

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B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JUL 11 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) William

Last Name * (?) Hartman

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

ovince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?)	Public Employee (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Montgomery County
Position * (?)	Trails & Open Space Planning Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?)	Landscape Architect

07 Year

Year * (?)	2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?)	No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) USAA

Address (?) 9800 Fredericksburg Rd.

City * San Antonio

State * TX

Zip Code 78288

Interest Rate * 4.49

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

PO Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Philander Chase Conservancy

Address * (?)

Street Address
306 Gaskin Avenue
Address Line 2
City
Gambier
State / Province / Region
OH
Postal / Zip Code
43022
Country

Position Held * (?) Director/Trustee

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) [redacted]

Date 2023-04-27

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: HATZA | FIRST NAME: ANI | MI: N | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County DA's Office P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: MOHELA Federal Student Loan Servicer
Address: 633 Spirit Drive, Chesterfield, MO 63005-1243
Interest Rate: 6.6%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County
Address: 425 Swede St., Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 4/20/23

THIS FOR[redacted] IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: HEMLER | FIRST NAME: LIBBY | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E Airy Street | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3140

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County Address: 2 E Airy St, Norristown, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/15/23

THIS PAGE ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: HENDLER | FIRST NAME: GARY | MI: E | SUFFIX:

02 ADDRESS (office/business or governmental or home) [redacted] City State Zip Code Area Code Phone

NOTE: [redacted]

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A MEMBER MONTGOMERY COUNTY PRISON

☐ seeking ☐ hold ☐ held

B

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
RADIO TALK SHOW HOST

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision
N/A
If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500
Name: N/A Address:
If NONE, check this box ☑ Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment
Name: SUBURBAN REAL ESTATE CO Address: 141 E SPRING AVE ARDMORE PA 19003
If NONE, check this box ☐ (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE
Source of Gift
Address of Source of Gift
Circumstances (including description) of Gift
If NONE, check this box ☑ Value of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE
Source (Name and Address)
If NONE, check this box ☑ Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS
Business Entity (Name and Address)
Name: SUBURBAN RE. CO Address: 141 E SPRING AVE ARDMORE PA
If NONE, check this box ☐ Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT
Business (Name and Address)
SUBURBAN RE. CO 141 E SPRING AVE ARDMORE PA 19003
If NONE, check this box ☐ Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER
Business (Name and Address)
N/A
Transferee (Name and Address)
If NONE, check this box ☑ Interest Held Relationship Date Transferred

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

Signature [redacted] Enter Current Date 3-13-2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 JAN -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Kourtney

Last Name * (?) High

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
100 E. High Street
Address Line 2
City
Pottstown
State / Province / Region
PA
Postal / Zip Code
19464
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Pottstown Borough

Position * (?) Grants Administrator

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes
Selecting "Yes" will allow for additions below.

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) MCTA

Position * (?) Board Member

06 Occupation or Profession

Current Occupation or Profession * (?) Grants Administrator

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Mercedes Benz

Address (?)

City * Roanoke

State * Texas

Zip Code

Interest Rate * 6

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Borough of Pottstown

Address * (?)

Street Address

100 E. High Street

Address Line 2

City: Pottstown

State / Province / Region: PA

Postal / Zip Code: 19464

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-11

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: HIGHLAND | FIRST NAME: WILLIAM | MI: H | SUFFIX: III

02 ADDRESS office (business or governmental) or home: 2 East Airy Street | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3766

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: Assistant District Attorney — ☐ seeking ☒ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: Montgomery County
- B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Nelnet | Address: 121 South 13th St Ste 201, Lincoln, NE 68512 | Interest Rate: 6.8%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: 2 East Airy Street, Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4/24/23

THIS FO[redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

- Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 JAN -2 PM 1:31

01 Name

First Name * (?) Max

Last Name * (?) Hill

Middle Initial R

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
102 N York Rd
Address Line 2
City
Willow Grove
State / Province / Region
PA
Postal / Zip Code
19090
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Office of Public Health

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery County Office of Public Health

Address * (?)

Street Address

102 N York Rd

Address Line 2

City: Willow Grove

State / Province / Region: PA

Postal / Zip Code: 19090

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature* (?)

[redacted]

Date

2023-04-28

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Hopkins | FIRST NAME: Ellen | MI: J | SUFFIX:

02 ADDRESS, office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Fiscal Supervisor

☐ seeking ☐ hold ☐ held

B

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

A Prothonotary

B Montgomery County

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

Fiscal Supervisor

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) Interest Held

Transferee (Name and Address) Relationship

Date Transferred

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

Signature [redacted] Enter Current Date 03/14/2023

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Howard | FIRST NAME: Pamela | MI | SUFFIX

02 ADDRESS, office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A Administrator MH/DD/EI ☐ seeking ☐ hold ☐ held

B

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

A Montgomery County HHS

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Administrator, MH/DD/EI

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Capital One Address: Interest Rate: 24.65

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County Address: P.O. Box 311, Norristown, PA 19404-0311 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held, Relationship, Date Transferred
Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4/10/2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 24 PM 1:35

Please check below if you have read and understand the above terms. *

☐ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Gabrielle
Last Name * (?)	Hughes
Middle Initial	C
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County District Attorney's Office
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
Pa
Postal / Zip Code
19404
Country

Telephone * (?)
610-278-3128
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Assistant District Attorney

2023 APR 24 PM 1:35

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Assistant District Attorney

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
Yes

Creditors

Name * (?) Synchrony Bank

Address (?)

City * Longwood

State * Fl

Zip Code 32779

Interest Rate * 20.99
Exclude the "%" symbol

Name * (?) Great Lakes

Address (?)

City * brighton

State * mi

Zip Code 48116

Interest Rate * variable
Exclude the "%" symbol

Name * (?) Members 1st Credit Union

Address (?)

City * Enola

State * PA

Zip Code

Interest Rate * 3.59
Exclude the "%" symbol

Name * (?) firstmark servives

Address (?)

City * lincoln

State * ne

Zip Code 68501

Interest Rate * 10.74
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Rosemont College

Address * (?)

Street Address
1400 Montgomery Ave
Address Line 2
City
Bryn Mawr
State / Province / Region
PA
Postal / Zip Code
19010
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-04-24

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: HUGHES | FIRST NAME: LAUREN | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza, 8th Floor | City: Norristown | State: PA | Zip Code: 19401 | Area Code: 610 | Phone: 278-3033

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Sr Assistant Solicitor ☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Bank of America
Address: PO Box 15019, Wilmington, DE
Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Montgomery County, One Montgomery Plaza #800, NOrristown, PA 19404
Name: Rental Income
Address: 1002 Arch St., Norristown, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: Cadcom
Address: 113 E. Main St., Norristown PA
Position Held (i.e., officer, director, employee, etc.): Officer

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address)
LaurenAshley, LLC [redacted]
Interest Held (i.e., 5%, 10%, etc.): 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address): LaurenAshley, LLC 1002 Arch St., Norristown, PA 19401
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned [redacted] said person's knowledge, information and belief, said affirmation being made subject to the penalties pr[redacted]ublic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signa[redacted] Enter Current Date 3/23/23

THIS [redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

APR 24 2023 10:36

Lauren Hughes – 2022 Statement of Financial Interests (attachment)

9. CREDITORS

- PSECU (2.9%) – PO Box 67012, Harrisburg, PA
- BMW Financial – 300 Chestnut Ridge Rd., Woodcliff Lake, NJ 07677

13. OFFICE, DIRECTORSHIP OR EMPLOYMENT

- Montgomery Bar Association, Director – 100 W. Airy St., Norristown, PA 19401

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 AM 10:18

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Zachary

Last Name * (?) Hunter

Middle Initial B

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted]

vince / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) State

State Entity * (?) Department of Health

Position * (?) Volunteer Management Liaison

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Volunteer Management Liaison

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County Office of Public Health

Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19401
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-04-28

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: JAPPE | FIRST NAME: ADRIENNE | MI: D | SUFFIX:

02 ADDRESS office (business or governmental) or home: District Attorney's Office, Courthouse, 4th Floor | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3040

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: DEPUTY DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: 2 East Airy Street Norristown PA 19401 | (OFFICIAL USE ONLY) 2022

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signature: [redacted] Enter Current Date: 3/4/23

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 NOV -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Ronald

Last Name * (?) Jarrell

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

[redacted] e / Region

Telephone * (?) 610-278-3745

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Community Planning Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Ronald

Last Name * (?) Jarrell

Middle Initial E

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?) 610-278-3745

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) None

Position * (?) Community Planning Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Hyundai Motot Finance

Address (?) PO Box 650805

City * Dallas

State * TX

Zip Code 75265

Interest Rate * 1.9
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)
Yes

Source of Income

Name * (?) Roboda Community Association

Address * (?)
Street Address
PO Box 94
Address Line 2
City
Royersford
State / Province / Region
PA
Postal / Zip Code
19468
Country

11 Gifts

Have you received any reportable gifts? * (?)
No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)
No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Roboda Community Association

Address * (?)

Street Address
PO Box 94
Address Line 2
City
Royersford
State / Province / Region
PA
Postal / Zip Code
19468
Country

Position Held * (?) Secretary/Treasurer

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) [redacted]

Date 2023-04-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2013 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Barry

Last Name * (?) Jeffries, ASLA

Middle Initial W

Suffix

02 Address

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery Co Planning Commission

Address * (?)

Street Address

PO Box 311

Address Line 2

Montgomery Co Courthouse

City: Norristown

State / Province / Region: Pennsylvania

Postal / Zip Code: 19404-0311

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-04-27

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: JOHNSON | FIRST NAME: JED | MI: A | SUFFIX:

02 ADDRESS, office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A DEPUTY DIRECTOR — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY YOUTH CENTER

B

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

DEPUTY DIRECTOR

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Fidelity Brokerage Acct. Dividend reinvestments Address: Boston, MA

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 3/21/2023

THIS FORM IS CO[redacted]NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: JOHNSON | FIRST NAME: KAREN | MI: D | SUFFIX:

02 ADDRESS office (business or governmental) or home: OHP, 425 Swede St, Suite 800 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3333

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

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

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

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

A: ASSISTANT SOLICITOR

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instructions on 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, block. ☐ (OFFICIAL USE ONLY)

① Name: Steven Fairlie

② Montgomery County - Employer

Address: [redacted]

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

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

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

Source (Name and Address) | Value

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

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

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 (i.e., 5%, 10%, etc.)

Ryte Rad Enterprises
Leased vending machines. No more assets as they were disposed through divorce

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

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

Transferee (Name and Address)

The undersig[redacted] information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalti[redacted] unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: April 24, 2023

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

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A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Bernadette
Last Name * (?)	Kearney
Middle Initial	A
Suffix	

02 Address

2023 MAY -1 PM 2:37

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Telephone * (?) [redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Bucks County

County/Local Entity * (?) Penndel Borough

Position * (?) Zoning Hearing Board Solicitor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) North Wales Borough

Position * (?) Zoning Hearing Board Solicitor

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Merion Township

Position * (?) Assistant Township Solicitor

Status * (?) Solicitor

State or County/Local * (?)	County/Local
County * (?)	Berks County
County/Local Entity * (?)	Douglass Township
Position * (?)	Solicitor
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Northampton County
County/Local Entity * (?)	Bangor Borough
Position * (?)	Special Solicitor/Conflict Solicitor
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Chester County
County/Local Entity * (?)	East Whiteland Township
Position * (?)	Solicitor
Status * (?)	Public Official (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Montgomery County Board of view
Position * (?)	Attorney member of Board of View

06 Occupation or Profession

Current Occupation or Profession * (?)	Attorney

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Chase Visa

Address (?) P.O. Box 1423

City * Charlotte

State * North Carolina

Zip Code 28201

Interest Rate * 12.24

Exclude the "%" symbol

Name * (?) American Express

Address (?) P.O. Box 1270

City * Newark

State * New Jersey

Zip Code 07101

Interest Rate * 29.24

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Hamburg rubin Mullin Maxwell & Lupin PC

Address * (?)

Street Address
375 Morris Road
Address Line 2
P.O. Box 1479
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

Name * (?) Terra Firma Conshohocken LLC

Address * (?)

Street Address
375 Morris Road
Address Line 2
P.O. Box 1479
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Hamburg Rubin Mullin Maxwell & Lupin P.C.

Address * (?)

Street Address
375 Morris Road
Address Line 2
P.O. Box 1479
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

Position Held * (?) Attorney

Name * (?) Victim Services of Montgomery County, Inc.

Address * (?)

Street Address
325 Swede Road
Address Line 2
2nd Floor
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Position Held * (?) Secretary

Name * (?) Bernadette Kearney

Address * (?) [redacted]

Position Held * (?) Attorney

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-04-27

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THIS FORM MUST BE COMPLETED AND FILED BY:
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2023 MAY 11 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) John

Last Name * (?) Kennedy

Middle Initial H

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

Street Address

[redacted]

ce / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Transportation Authority

Position * (?) Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Land Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Kennedy & Associates, LLC

Address * (?)

Street Address
672 Main Street
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Kennedy & Associates, LLC

Address * (?)

Street Address
672 Main Street
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

Position Held * (?) Owner

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Kennedy & Associates, LLC

Address * (?)

Street Address
672 Main Street
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

Interest Held * (?) 100
Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) **Date**

[redacted]

2023-04-16

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Jae

Last Name * (?) Kim

Middle Initial

Suffix

02 Address

2023 MAY -1 AM 11:04

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Springfield Township School District

Position * (?) Deputy Administrator, Programs

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Deputy Administrator, Programs

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?)

[redacted]

ce / Region

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?)	USAA Federal Savings Bank
Address (?)	10750 McDermott Freeway
City *	San Antonio
State *	Texas
Zip Code	78288
Interest Rate *	4.84 Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?)	Professionals for Global Missions
Address * (?)	Street Address 1 Antioch Ave Address Line 2 City Conshohocken State / Province / Region PA Postal / Zip Code 19428 Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?) [redacted]

Date

2023-05-01

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME King | **FIRST NAME** Jesse | **MI** S | **SUFFIX**

02 ADDRESS office (business or governmental) or home 425 Swede Street | City Norristown | State PA | Zip Code 19401 | Area Code [redacted] | Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ **Check this box if you are amending an original filing**

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Director ☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ☐

Name:	Address:	(OFFICIAL USE ONLY)
Montgomery County	425 Swede Street Norristown PA	
Academy of New Church	2945 College Drive, Bryn Athyn PA	

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

Transferee (Name and Address)

The undersigned hereby affirm[redacted] person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 1[redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04-06-2023

THIS FORM IS [redacted] T COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa. C.S. § 1101 et seq.

2023 JAN -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Nicole

Last Name * (?) Kline

Middle Initial R

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

gion

Telephone * (?)

Telephone Number ### ###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission Board

Position * (?) Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Transportation Engineer

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) GM Financial

Address (?)

City * Phoenix

State * AR

Zip Code

Interest Rate * 0

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Bowman Consulting Group

Address * (?)

Street Address

12355 Sunrise Valley Drive

Address Line 2

Suite 520

City: Reston

State / Province / Region: VA

Postal / Zip Code: 20191

Country:

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-12

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JAN 1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Steven

Last Name * (?) Kline

Middle Initial N

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address [redacted]

Address Line 2 [redacted]

ce / Region

Telephone * (?) [redacted]

Telephone Number ### ### ####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Abington Township

Position * (?) Zoning Hearing Board member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Planning Commission Board member

06 Occupation or Profession

Current Occupation or Profession * (?) Architect

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?)

[redacted]

Date

2023-04-19

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 JAN -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Steven

Last Name * (?) Kline

Middle Initial N

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

/ Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Abington Township

Position * (?) Zoning Hearing Board member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Planning Commission Board member

06 Occupation or Profession

Current Occupation or Profession * (?) Architect

07 Year

Year * (?) 2023

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) RightPath Servicing

Address (?) 800 State Highway 121 Bypass

City * Lewisville

State * Texas

Zip Code 75067

Interest Rate * 5.25

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Regan Construction Company, Inc.

Address * (?)

Street Address

7670 Queen Street

Address Line 2

Suite 200

City

Wyndmoor

State / Province / Region

PA

Postal / Zip Code

19038

Country

Name * (?) Regan Kline Cross, LLC

Address * (?)

Street Address
7670 Queen Street, Suite 200
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

Name * (?) Chestnut Street Lenders, LLC

Address * (?)

Street Address
120 S. Warner Road
Address Line 2
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Regan Construction Co., Inc. Regan Construction Co., Inc.

Address * (?)

Street Address
7670 Queen Street, Suite 200
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

Position Held * (?) Vice President

Name * (?) Regan Kline Cross, LLC

Address * (?)

Street Address
7670 Queen Street
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
PA
Postal / Zip Code
19038
Country

Position Held * (?) Partner

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Regan Construction Co., Inc. Regan Construction Co., Inc.

Address * (?)

Street Address
7670 Queen Street, Suite 200
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

Interest Held * (?) 25

Exclude the "%" symbol

Name * (?) Regan Kline Cross, LLC

Address* (?)

Street Address

7670 Queen Street

Address Line 2

Suite 200

City

Wyndmoor

State / Province / Region

PA

Postal / Zip Code

19038

Country

Interest Held* (?)

33

Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?)

[redacted]

Date

2023-04-18

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY 1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Thomas

Last Name * (?) Kohler

Middle Initial J

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Merion Township

Position * (?) Vice Chair, Upper Merion Transportation Authority

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Transportation Authority

Position * (?) Vice Chair

06 Occupation or Profession

Current Occupation or Profession * (?) Legislative Assistant

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Wells Fargo Bank

Address (?)

City * Blue Bell

State * PA

Zip Code 19422

Interest Rate * 24

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) PA House Democratic Caucus

Address * (?)

Street Address

554 Shoemaker Rd

Address Line 2

City: King of Prussia

State / Province / Region: PA

Postal / Zip Code: 19406

Country:

Name * (?) Upper Merion Area School District

Address * (?)

Street Address

435 Crossfield Rd

Address Line 2

City

King of Prussia

State / Province / Region

PA

Postal / Zip Code

19406

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-30

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THIS FORM MUST BE COMPLETED AND FILED BY:

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2023 NOV -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Timothy

Last Name * (?) Konetchy

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planning

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name* (?) Mohela

Address (?) 633 Spirit Drive

City* Chesterfield

State* MO

Zip Code 63005-1243

Interest Rate* 4.660
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)

Yes

Source of Income

Name* (?) County of Montgomery

Address* (?)

Street Address
PO Box 311
Address Line 2

City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404-0311
Country:

11 Gifts

Have you received any reportable gifts?* (?)

No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)

No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-03-22

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Samantha

Last Name * (?) Korman

Middle Initial

Suffix

02 Address

2023 MAY -1 AM 10: 19

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?)

[redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Office of Pulic Health

Position * (?) Public Health Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Public Health Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?)

Street Address

[redacted]

rovince / Region

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) U.S. Army Reserve

Address * (?)

Street Address
2101 Delchester Rd
Address Line 2
City
Newtown Square
State / Province / Region
PA
Postal / Zip Code
19073
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

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☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

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☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Kull | FIRST NAME: Gwendolyn | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy St. PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

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

A County of Montgomery

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: See Addendum | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: County of Montgomery | Address: P.O. Box 311 Norristown, PA 19404 | (OFFICIAL USE ONLY) 2023

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift 24. | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value 36.

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

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

Signatu[redacted] Enter Current Date

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KULL, GWENDOLYN M

2022 STATEMENT OF FINANCIAL INTERESTS
BOX 09 CREDITORS ADDENDUM

STUDENT LOANS

MOHELA
633 SPIRIT DRIVE
CHESTERFIELD, MO 63005-1243
INTEREST RATE 6% FIXED (0% COVID RELIEF)

CAR LOAN

AMERICAN HONDA FINANCE
PO BOX 7829
PHILADELPHIA PA 19101-7829
INTEREST RATE 1.9%

MORTGAGE

STATE FINANCIAL NETWORK, LLC.
5 HILLMAN DRIVE SUITE 300
CHADDS FORD, PA 19317
INTEREST RATE: 3.375%

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Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Laura

Last Name * (?) Kuzmick

Middle Initial E

Suffix

02 Address

Business, Governmental, Home or Postal Address * (?)

Street Address

[redacted]

ince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) FINANCE ADMINISTRATOR

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) FINANCE ADMINISTRATOR

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) BANK OF AMERICA

Address (?) P.O. BOX 15284

City * WILMINGTON

State * DE

Zip Code 19850

Interest Rate * 13.4
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) COUNTY OF MONTGOMERY

Address * (?)

Street Address
P.O. BOX 311
Address Line 2

City
NORRISTOWN

State / Province / Region
PA

Postal / Zip Code
19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

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I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) COUNTY OF MONTGOMERY

Address * (?)

Street Address
P.O. BOX 311
Address Line 2
City
NORRISTOWN
State / Province / Region
PA
Postal / Zip Code
19404
Country

Position Held * (?) EMPLOYEE

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?) [redacted] **Date** **2023-03-09**

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2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Ryan

Last Name * (?) Lamberti

Middle Initial A

Suffix

02 Address

Business, Governmental, Home, or Postal Address* (?)

Street Address

[redacted]

vince / Region

Telephone* (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Employee (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County

Position* (?) Environmental Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Planning

07 Year

Year* (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

Yes

Creditors

Name * (?)	U.S. Department of Education
Address (?)	
City *	Washington
State *	DC
Zip Code	20202
Interest Rate *	3.760 Exclude the "%" symbol
Name * (?)	U.S. Department of Education
Address (?)	
City *	Washington
State *	DC
Zip Code	20202
Interest Rate *	3.760 Exclude the "%" symbol
Name * (?)	U.S. Department of Education
Address (?)	
City *	Washington
State *	DC
Zip Code	20202
Interest Rate *	4.450 Exclude the "%" symbol
Name * (?)	U.S. Department of Education
Address (?)	
City *	Washington
State *	DC
Zip Code	20202
Interest Rate *	6.600 Exclude the "%" symbol
Name * (?)	U.S. Department of Education
Address (?)	
City *	Washington

State* DC

Zip Code 20202

Interest Rate* 6.080
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)

Yes

Source of Income

Name* (?) County of Montgomery

Address* (?)

Street Address
P.O. Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404-0311

Country

11 Gifts

Have you received any reportable gifts?* (?)

No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)

No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?* (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: LAVENBERG | FIRST NAME: DOUGLAS | MI: H | SUFFIX:

02 [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

[ ] Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A MAGISTERIAL DISTRICT JUDGE — [x] seeking [ ] held [ ] held

B ASSISTANT DISTRICT ATTORNEY — [ ] seeking [x] held [ ] held

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

A MONTGOMERY COUNTY

B

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

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [x]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [ ]

Name: Fed Loan Servicing (until Nov.) — Address: P.O. Box 69184, Harrisburg, PA — Interest Rate 7.08%

Name: AES (Aedean Education Services) — Address: P.O. Box 2461, Harrisburg, PA 17105 — 6.8%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box [ ]

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

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box [x]

Source of Gift — Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box [x]

Source (Name and Address) — Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [x]

Business Entity (Name and Address) — Position Held (i.e., officer, director, employee, etc.)

Name: — Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [x]

Business (Name and Address) — Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [x]

Business (Name and Address) — Interest Held / Relationship / Date Transferred

Transferee (Name [redacted]

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

Signature [redacted] Enter Current Date 3/17/23

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

Block 09 continued:

Name:	Address:	Interest Rate:
MOHELA (since November)	633 Spirit Drive, Chesterfield, MO 63005-1243	7.250%
Wells Fargo	P.O. Box 77053, Minneapolis, MN 55480	0.00%

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Pam

Last Name * (?) Lawn

Middle Initial

Suffix

02 Address

2023 JAN -3 PM 2:19

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
pa
Postal / Zip Code
19401
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery county

Position * (?) division director

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Division Director

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

1430 Dekalb Street

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19401

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-05-03

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Pam

Last Name * (?) Lawn

Middle Initial

Suffix

02 Address

2023 [illegible] -2 PM 1:35

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Division Director

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Division Director

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

Yes

Creditors

Name * (?) Comenity

Address (?)

City * Columbus

State * OH

Zip Code 19401

Interest Rate * 19
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *
No

11 Gifts

Are you amending your form as to gifts? *
No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *
No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *
No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *
No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *
No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:33

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

C1 Name

First Name * (?) Anne

Last Name * (?) Leavitt-Gruberger

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montco Courthouse, PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) 610-278-3727
Telephone Number ###-###-####

3 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) County Planning Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Urban Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

Montco Courthouse, PO Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19401

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Ardmore Initiative

Address* (?)

Street Address
56 East Lancaster Avenue
Address Line 2
City
Ardmore
State / Province / Region
PA
Postal / Zip Code
19003
Country

Position Held* (?) Treasurer

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?) [redacted]

Date 2023-04-05

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 MAY 1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Jon

Last Name * (?) Lesher

Middle Initial A

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

/ Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Environmental Planning Assistant Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Planning Assistant Manager

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?)

[redacted]

vince / Region

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County Of Montgomery

Address * (?)

Street Address

One Montgomery Plaza, PO Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

Name * (?) 125 McClellan St.

Address * (?)

[redacted]

Region

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-12

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Levine Barbash | FIRST NAME: Alisa | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
One Montgomery Plaza, Suite 800 Norristown PA 19404 610-278-3033

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

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

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

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

A Assistant Solicitor

☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2022

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

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

Name: Great Lakes Student Loans
Address: PO Box 7860 Madison WI 53707-7860
Interest Rate: 0

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

Name: Mongtomery County, PA
Address: One Montgomery Plaza, Suite 800 Norristown PA 19404

2023 APR 24 AM 10:37 (OFFICIAL USE ONLY)

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

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

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

Source (Name and Address) | Value

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

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
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 (i.e., 5%, 10%, etc.)

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

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

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

Signature [redacted] Enter Current Date 2/17/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Lloyd | FIRST NAME: Kelly | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Deputy District Attorney

☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County DA's office

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County, PA; Temple University | Address: P.O. Box 311, Norristown PA 19404; 1801 N. Broad St., Philadelphia PA 19122
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

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

Signatu[redacted] Enter Current Date 4/24/23

THIS F[redacted] IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Longo | FIRST NAME: Maryann | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: [redacted] City: [redacted] State: [redacted] Zip Code: [redacted] Area Code Phone: (610) 278-2666

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A Regional Training Coordinator

☐ seeking ☐ hold ☐ held

B

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

A PaBureau of EMS

B Montgomery County DPS

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Pennsylvania Housing Finance Agency
Address: PO Box 15057, Harrisburg, Pa. 17105-15057
Interest Rate: 3.75

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name:
Address:
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: Red Hill Fire Company
Address: 82 E. 5th Street, Red Hill, Pa. 18076
Position Held (i.e., officer, director, employee, etc.): President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signatur[redacted] Enter Current Date 04/17/2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 MAY -1 PM 3:34

01 Name

First Name * (?) Matt

Last Name * (?) Lubitz

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Community Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Community Planner II

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Marlatt | FIRST NAME: John | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza Ste 800 PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: Assistant Solicitor — ☐ seeking ☑ hold ☐ held
- B: Board Member Human Relations — ☐ seeking ☑ hold ☐ held

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

- A: Montgomery County
- B: Royersford Borough

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box
Name: County of Montgomery | Address: PO Box 311, Norristown, PA 19404-0311
(OFFICIAL USE ONLY) 2023

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift: 24.
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value: 35.

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby af[redacted] and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/28/23

THIS FORM [redacted] NY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MARLIER | FIRST NAME: NOAH | MI: - | SUFFIX: - -

02 ADDRESS office (business o [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

[ ] Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) [ ] seeking [ ] hold [ ] held

A ADDENDUM

[ ] seeking [ ] hold [ ] held

B

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

A SEE ADDENDUM

B

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

PROTHONOTARY / ATTORNEY

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [X]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [ ]

Name: SEE ADDENDUM Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box [ ]

Name: SEE ADDENDUM Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box [X]

Source of Gift Value of Gift .

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box [X]

Source (Name and Address) Value .

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [X]

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [X]

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [X]

Business (Name and Address) Interest Held
Relationship
Date Transferred

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4/7/23

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

Statement of Financial Interests Addendum

4. Public Office or Public Employment
Prothonotary Seeking
Prothonotary Hold
County Commissioner Seeking
Solicitor (see paragraph 5 below)

5. Governmental Body
Montgomery County Prothonotary
Solicitor to the Jenkintown Borough Zoning Hearing Board
Solicitor to the Bridgeport Borough Zoning Hearing Board
Solicitor to the Upper Merion Transportation Authority
Solicitor to the Upper Merion General Authority
Solicitor to the West Norriton Civil Service Commission

2023 APR 18 PM 4:25

9. Creditors
Fed Loan Servicing (Dept. of Edu.)
PO Box 530210
Atlanta, GA 30353
7%

Earnest
PO Box 9202
Wilkes-Barre, PA 18773
4.57%

Navient Solutions, Inc.
PO Box 9500
Wilkes-Barre, PA 18773
6.25%

Bank of America Corporation
Automobile Loan
PO Box 942019
Simi Valley, CA 93094
1.89%

10. Direct or Indirect Sources of Income

Hamburg Rubin Mullin Maxwell & Lupin, P.C.
375 Morris Road
Lansdale, PA 19446

Montgomery County (PA) Prothonotary
PO Box 311

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev 01/23)

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME: Marsini | FIRST NAME: Colleen | MI | SUFFIX

02 ADDRESS, office (business or governmental) or home: [redacted] | City | State | Zip Code | Area Code | Phone

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

Check this box if you are amending an original filing

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

A Solicitor

B seeking ☐ hold ☐ held

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

A Please see attached sheet

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box
Name: Please see attached sheet | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Kilkenny Law, LLC | Address: 519 Swede Street, Norristown 19401 | (OFFICIAL USE ONLY) RECEIVED

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 3/12/2023

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Statement of Financial Interests Continuation Page (Colleen Marsini, 2022)

5a. Upper Darby Township, West Norriton Township, Montgomery County Mental Health Services, Delaware County Department of Human Services

9a. SN Servicing Corporation, 13702 Coursey Boulevard, Baton Rouge, LA 70817, 3%

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 14 PM 3:03
VOTE BY MAIL
RECEIVED

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Edward
Last Name * (?)	Martin
Middle Initial	J
Suffix	Jr.

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Lower Providence Township

Position * (?) EMS Field Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Paramedic

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 **LAST NAME**: Marvel | **FIRST NAME**: Lauren | **MI**: E | **SUFFIX**:

02 **ADDRESS office (business or governmental) or home**: 2 East Airy St | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 **STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

☐ **Check this box if you are amending an original filing**

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

A Assistant district attorney

☐ seeking ☐ hold ☐ held

B

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

A District Attorney's Office

B

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

Assistant District Attorney

07 **YEAR SEE INSTRUCTIONS.**

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 **REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

09 **CREDITORS** (See instruction page) If NONE, check this box. ☐

Name: US Dept. of Education | Address: 400 Maryland Ave. SW. Washington DC 20202 | Interest Rate 0%

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐

Name: Montgomery County | Address: 2 East Airy St Norristown, PA

Name: Meta LLC | Address: 1 Hacker Way, Menlo Park, CA

(OFFICIAL USE ONLY)

11 **GIFTS** (See instruction page) **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 instruction page) **If NONE, check this box.** ☒

Source (Name and Address) | Value

13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) **If NONE, check this box.** ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 **FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) **If NONE, check this box.** ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) **If NONE, check this box.** ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 4/6/23

THIS FO[redacted]NY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME MATEJA | **FIRST NAME** TAYLOR | **MI** M | **SUFFIX**

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza, Suite 600 | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278 3168

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A SECOND DEPUTY TREASURER — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Second Deputy Treasurer

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: SEE ATTACHMENT | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: SEE ATTACHMENT | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 3/24/2023

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

Taylor M. Mateja

2022 Statement of Financial Interests – Attachments

9. CREDITORS

a. Nelnet, 121 South 13th Street, Lincoln, NE 68508 3.15% -4.410%

10. DIRECT OR INDIRECT SOURCES OF INCOME

a. County of Montgomery, One Montgomery Plaza, P.O. Box 311, Norristown PA 19404-0311

b. Upper Merion Aquatic Club, Inc., P.O. Box 60280, King of Prussia, PA 19406

c. Bryn Mawr College, 101 North Merion Ave., Bryn Mawr, PA 19010-2899

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: McCann | FIRST NAME: Edward | MI: F | SUFFIX: Jr

02 ADDRESS office (business or governmental) or home: Montgomery County Courthouse, 4th Fl, Norristown | City | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3100

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A First Assistant District Attorney ☐ seeking ☑ hold ☐ held

B Ney ☐ seeking ☐ hold ☐ held

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Melnet - 7%
PSECU - 3.25%
Address:
Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County
Temple University Beasley School of Law
Address:
(OFFICIAL USE ONLY)
2023 APR 24 PM 2:

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 4-24-23

THIS FO[redacted]MPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME MCGEE | **FIRST NAME** SEAN | **MI** | **SUFFIX**

02 ADDRESS office (business or governmental) or home 60 EAGLEVILLE ROAD | City EAGLEVILLE | State PA | Zip Code 19403 | Area Code [redacted] | Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ☐ seeking ☐ hold ☐ held

B WARDEN ☐ seeking ■ hold ☐ held

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

A

B MONTGOMERY CO CORRECTIONAL FA

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ■
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and [redacted]

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

Signature [redacted] Enter Current Date March 14, 2023

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: McGinnis | FIRST NAME: Kelli | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: Courthouse - 4th Floor, PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 2785999

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Assistant District Attorney — ☐ seeking ☑ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: Montgomery County

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: MOHELA Student Loan | Address: 633 Spirit Dr Chesterfield MO 63005 | Interest Rate: 8%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: [redacted] | Address: [redacted] | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTEREST — If NONE, check this box ☒
Business (Name and
Transferee (Name a
Interest Held
Relationship
Date Transferred

The undersigned hereb [redacted] d person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib [redacted] c Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5/1/23

THIS FO [redacted] OT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: McGoldrick | FIRST NAME: Thomas | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Courthouse, P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

A Deputy District Attorney — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A Montgomery County

B

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

Deputy District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Ford Motor Credit
Address: One American Road, Dearborn, Michigan 48126
Interest Rate .90%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)
2023 APR 24 PM 1:35

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/10/23

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No



01 Name

First Name * (?) Brian

Last Name * (?) McKown

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
50 Eagleville Road
Address Line 2
City
Eagleville
State / Province / Region
PA
Postal / Zip Code
19403
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) Deputy Director of Public Safety

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Deputy Director of Public Safety

07 Year

Year * (?) 2022
The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

P.O. Box 311

Address Line 2

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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)

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-03-15

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: McLaughlin | FIRST NAME: Kathleen | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy street | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Assistant District Attorney — ☐ seeking ☑ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Chase Credit Card | Address: P.O. Box 15123 Wilmington, DE 19850 | Interest Rate: 20.74%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

The undersigned hereby [redacted] t of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted] e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/6/23

THIS FOR[redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME MCLEAN | **FIRST NAME** ROBIN | **MI** L | **SUFFIX**

02 ADDRESS office (business or governmental) or home 425 SWEDE STREET–BOX 311 | City NORRISTOWN | State PA | Zip Code 19404-0311 | Area Code (610) | Phone 278-3726

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A COUNTY OF MONTGOMERY PLNG COMM

☐ seeking ☐ hold ☐ held

B

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

A COUNTY OF MONTGOMERY PLNG COMM

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 If NONE, check this box ☐
Name: CITIZENS BANK - EQUITY LINE OF CREDIT
Address: PO BOX 42033 PROVIDENCE, RI 02940-2033
Interest Rate 8.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** If NONE, check this box ☐
Name: MONTGOMERY COUNTY PLANNING COMMISSION
Address: P O BOX 311 NORRISTOWN PA 19401
(OFFICIAL USE ONLY) 63

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE If NONE, check this box ☐
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE If NONE, check this box ☐
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☐
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ☐
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☐
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signatur[redacted] Enter Current Date 04/27/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MCMENAMIN | FIRST NAME: CARA | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: 4TH FLOOR MONTGOMERY COUNTY COURTHOUSE | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSN DISTRICT ATTORNEY — ☐ seeking ☑ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSN. DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: MONTGOMERY COUNTY | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Si[redacted] Enter Current Date 4/6/2023

T[redacted]VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: McMonagle | FIRST NAME: Courtney | MI | SUFFIX

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

- A: Assistant District Attorney — ☐ seeking ☒ hold ☐ held
- B: Assistant District Attorney — ☐ seeking ☐ hold ☒ held

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

- A: Montgomery County
- B: Lebanon County

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Nelnet Inc. Address: 121 S. 13th St. Lincoln, NE 68508 Interest Rate: 6.60%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐ (OFFICIAL USE ONLY)
Name: Montgomery County District Attorney's Office — Address: 2 E. Airy Street, Norristown, PA 19401
Name: Lebanon County District Attorney's Office — Address: 400 S. 8th St. Lebanon PA 17042

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

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

Signature: [redacted] Enter Current Date: 4/23/2023

THIS FORM IS NOT COMPLETED UNTIL THE ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JAN -1 PM 3:33

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Ann Marie

Last Name * (?) Meehan

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

nce / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery

Position * (?) Admin

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Admin

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-25

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MEMBERG | FIRST NAME: JUDITH | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 DeKalb St, Suite 2020, Norristown, PA 19401 | City | State | Zip Code | Area Code | Phone [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: BOARD — ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: REDEVELOPMENT AUTHORITY OF

B: MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Non-Profit Exec. Director

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Genesis Housing Corp. | Address: 1430 DeKalb St, Suite 2020 Norristown, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: Genesis Housing Corp | Address: 1430 DeKalb St, Suite 2020
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signature [redacted] Enter Current Date 2/22/23

THIS FO[redacted]OT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing?*

No

01 Name

First Name* (?)	Jennifer
Last Name* (?)	Mercurio
Middle Initial	S
Suffix	

02 Address

2023 MAY -9 PM 2:44

Business, Governmental, Home, or Postal Address * (?)

Street Address
364 King Street
Address Line 2
City
Pottstown
State / Province / Region
PA
Postal / Zip Code
19464
Country

Telephone * (?) 610-970-5040
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) All Montco

Position * (?) Sewage Enforcement Officer

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Sewage Enforcement Officer

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County Office of Public Health

Address * (?)

Street Address
364 King Street
Address Line 2

City
Pottstown

State / Province / Region
PA

Postal / Zip Code
19464

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-25

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Ericka

Last Name * (?) Meyer

Middle Initial

Suffix

02 Address

2023 JUL -2 PM 1:30

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ovince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Pottstown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 MAY -1 PM 3:34

01 Name

First Name * (?) John

Last Name * (?) Miklos

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
425 Swede Street
Address Line 2
Suite 201
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) 6102783554
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Community Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Community Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name* (?) Nelnet

Address (?) PO Box 82561

City* Lincoln

State* Nebraska

Zip Code 68501

Interest Rate* 5
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)

Yes

Source of Income

Name* (?) Montgomery County

Address* (?)

Street Address
425 Swede Street
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19401

Country

11 Gifts

Have you received any reportable gifts?* (?)

No

Gifts Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality?* (?)

No

Transportation, Lodging, & Hospitality Disclaimer* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-12

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MILBOURNE | FIRST NAME: MICHAEL | MI | SUFFIX

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A CORONER

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $8,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: NEW LIFE CARDIOVASCULAR Address: 805 E WILLOW GROVE AVE WYNDMOOR PA 19038
Position Held (i.e., officer, director, employee, etc.): LOD

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address)
NEW LIFE CARDIOVASCULAR 805 E WILLOW GROVE AVE WYNDMOOR PA - 19038
Interest Held (i.e., 5%, 10%, etc.): 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held | Relationship | Date Transferred

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

Signature: [redacted] Enter Current Date: 4/26/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

01 LAST NAME: MILLS | FIRST NAME: LINDSEY | MI: T | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 EAST AIRY STREET, 4TH FLOOR | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3151

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

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

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: MONTGOMERY COUNTY Address: 2 E. AIRY STREET, 4TH FLOOR NORRISTOWN, PA 19104

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

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

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

Signature [redacted] Enter Current Date 3/9/23

THIS F[redacted] LOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -2 AM 10:09

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Gregory

Last Name * (?) Mininger

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
102 N York Rd
Address Line 2
City
Willow Grove
State / Province / Region
Pa
Postal / Zip Code
19090
Country

Telephone * (?)
215-784-5502
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Health and Human Services - Office of Public Health

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022
The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County Office of Public Health

Address * (?)

Street Address

102 N York Rd

Address Line 2

City

Willow Grove

State / Province / Region

Pa

Postal / Zip Code

19090

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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)

I Confirm

Signature * (?)

[redacted]

Date

2023-04-27

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

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 MAY -1 PM 3:34

01 Name

First Name * (?) Ellen

Last Name * (?) Miramontes

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

Montgomery County Courthouse

Address Line 2

P.O. Box 311

City	State / Province / Region
Norristown	PA
Postal / Zip Code	**Country**
19404-0311	

Name * (?) Anna Schneider

Address * (?)

Street Address

[redacted]

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Tim

Last Name * (?) Moeller

Middle Initial

Suffix

02 Address

2023 -2 PM 1:30

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
6102785117
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) EHS Supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) EHS Supervisor

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *
No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Chloe

Last Name * (?) Mohr

Middle Initial M

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

e / Region

Telephone * (?) 610-278-3739

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Senior Community Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Community Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

PO Box 311

Address Line 2

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MONTGOMERY | FIRST NAME: YVONNE | MI: B | SUFFIX:

02 ADDRESS office (business or governmental) or home: ONE MONTGOMERY PLAZA, 425 SWEDE ST | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3065

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT SOLICITOR — ☐ seeking ■ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: TRI STATE CAPITAL BANK
Address: 301 GREEN STREET SUITE 2700, PITTSBURGH, PA 15219
Interest Rate: 7%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: COUNTY OF MONTGOMERY
Address: ONE MONTGOMERY PLAZA, 425 SWEDE STREET, NORRISTOWN, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address): [redacted] | Interest Held (i.e., 5%, 10%, etc.): 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address): 229 S. EASTON ROAD, LLC [redacted]
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned here[redacted]mation and belief, said affirmation being made subject to the penalties presc[redacted]ics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Current Date 3/9/2023

THIS F[redacted]E A COPY FOR YOUR RECORDS.

#14. MONARCH PROPERTY MANAGEMENT
2209 MT. CARAMEL AVENUE
GLENSIDE, PA 19038

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MOYER | FIRST NAME: LEEANN | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 1430 DeKalb St, PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | [redacted]

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

		seeking	X hold	held
A	Administrator			
B		seeking	hold	held

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

A Montgomery County HHS, CMCS

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ✓

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ✓

Name:	Address:	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box

Name:	Address:	(OFFICIAL USE ONLY)
Montgomery County	PO Box 311 Norristown PA 19404	

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ✓

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ✓

Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box

Business Entity (Name and Address)		Position Held (e.g., officer, director, employee, etc.)
Name: Montgomery County	Address: POBox 311, Norristown PA	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ✓

Business (Name and Address)	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ✓

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

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

Signature [redacted] Enter Current Date 4-26-23

THIS FOR[redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2023 APR 27 AM 9

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: MUSSELMAN | FIRST NAME: RYAN | MI: D | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 East Airy ST | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: 1. Sallie Mae | Address: 1. 300 Continental Dr #434 Newark DE 19713 | Interest Rate 1. 4.625%
2. Merck Sharp+Dohme FCU 3. Federal Direct Loans | 2. 375 West Butler Ave 3. 400 Maryland Ave Washington DC 20202 | 2. 5.240% 3. 7.080%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Montgomery County
Law Firm of Swengle + Perer | Address: 1 E Airy Street, Norristown PA 19404
310 Grant St. Pittsburgh PA 15219

(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

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

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

Signature [redacted] Enter Current Date 4/24/23

THIS FOR[redacted] BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: Nagel | FIRST NAME: Joan | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A First Deputy

☐ seeking ☐ hold ☐ held

B

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

A Register of Wills

B

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

Attorney

07 YEAR SEE INSTRUCTIONS

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08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 If NONE, check this box ■

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment If NONE, check this box ■

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE If NONE, check this box ■

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE If NONE, check this box ■

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ■

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ■

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ■

Business (Name and Address) Interest Held

Transferee (Name and Address) Relationship

Date Transferred

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

Signatu[redacted] Enter Current Date 4/26/2023

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B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Michael

Last Name * (?) Narcowich

Middle Initial W

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Planning Commission
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

Telephone * (?) 610-278-5238
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) no

Position * (?) N/A

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Community Planning Assistant Manager

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: NASATIR | FIRST NAME: DAVID | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: Obermayer Rebmann Maxwell & Hippel LLP, 1500 Market Street, Suite 3400 W | City: Philadelphia | State: PA | Zip Code: 19102 | Area Code: [redacted] | Phone:

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A MEMBER BOARD OF DIRECTORS

☐ seeking ☒ hold ☐ held

B MEMBER BOARD OF DIRECTORS

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

A INDUSTRIAL DEVELOPMENT AUTHORI

B PENNSYLVANIA CONVENTION CENTER

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Obermayer Rebmann Maxwell & Hippel LLP | Address: 1500 Market Street, Suite 3400 W Philadelphia, PA 19102 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: Obermayer Rebmann Maxwell & Hippel LLP | Address: 1500 Market Street, Suite 3400 W, Philadelphia, PA 19102 | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name a[redacted] | Interest Held | Relationship | Date Transferred

2023 APR 21 PM 3:13

The undersigned hereb[redacted] d person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted] c Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1/24/2023

THIS FO[redacted] OT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Attachment to 2022 Statement of Financial Interests – David A. Nasatir

Name of Townships, Counties, etc.	**Position**
Abin ton Townshi	S ecial Counsel
Borou h of Jenkintown	Labor Counsel
Bucks Count	S ecial Counsel
Bucks Count Water & Sewer Authorit	S ecial Counsel
Butler Area Sewer Authorit	S ecial Counsel
Cit of Clairton	S ecial Counsel
Conshohocken Borou h	Finance Counsel
DELCORA Delaware Count Re ional Water ualit Authorit	S ecial Counsel
East Norriton Townshi	Labor Counsel
Falls Townshi	Labor Counsel
Folcroft Borou	Labor Counsel
Hatboro Townshi	Finance Counsel
Luzerne Count	S ecial Counsel
Mont ome Count Tax Claims Bureau	Bankru tc Counsel
Pl mouth Townshi	Labor Counsel and Bond Counsel
SEPTA	S ecial Counsel
Sharon Hill Borou h	Finance Counsel
U er Darb Townshi	Finance Counsel
U er Gw nedd Townshi	Finance Counsel
Whitemarsh Townshi	Labor Counsel
Whit ain Townshi	Labor Counsel

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: NELSON | FIRST NAME: ERIKA | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A ADMINISTRATOR

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B YOUTH CENTER

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

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

Signa[redacted] Enter Current Date 3.21.23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: NEWCOMER | FIRST NAME: PHILIP | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Solicitor's Office, PO Box 311 | City: Norristown | State: PA | Zip Code: 19404-0311 | Area Code: (610) | Phone: 278-3033

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: CHIEF OF LITIGATION — ☐ seeking ■ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: COUNTY OF MONTGOMERY

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: County of Montgomery | Address: PO Box 311, Norristown, PA 19404-0311 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address)
Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signa[redacted] Enter Current Date: February 27, 2023

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

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 MAY -1 PM 3:33

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Anne

Last Name * (?) Nygard

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

e / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Community Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Community Planner II

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Ardent Credit Union

Address (?)

City * Philadelphia

State * PA

Zip Code 19130

Interest Rate * 3.240
Exclude the "%" symbol

Name * (?) Dept of Ed/Aidvantage

Address (?)

City * Portland

State * OR

Zip Code 97208

Interest Rate * 0.0
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
525 Swede Street
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-31

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: NUGENT | FIRST NAME: JOHN | MI: F. | SUFFIX:

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A MEMBER ☐ seeking ☐ hold ☐ held

B MEMBER

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

A HIGHER EDUCATION + HEALTH AUTH.

B HOUSING AUTHORITY OF MONTGOMERY CO.

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 2-6-2023

THIS FORM IS [redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME O'Brien | **FIRST NAME** Thomas | **MI** F | **SUFFIX** Mr

02 ADDRESS office (business or governmental) or home: PO Box 311 - One Montgomery Plaza | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3613

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A Administrator - Roads & Bridge

☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

Administrator Roads & Bridges

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

Home - 870 Kirkwood Avenue, Huntingdon Valley, PA

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■

Name: Mortgage Payment (NA) | Address: NA | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ☐

Name: Social Security Administration | Address: PO Box 33026 Baltimore MD 21290 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

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

Transferee (Name and Address)

The undersigned h[redacted]son's knowledge, information and belief, said affirmation being made subject to the penalties pre[redacted]cial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signa[redacted] Enter Current Date 3-17-2023

THIS [redacted]OMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: OLSZEWSKI | FIRST NAME: JOANNE | MI: C | SUFFIX:

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

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

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A JURY COMMISSIONER ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
(1) MONTGOMERY CO. POB 311 NORRISTOWN PA 19404
(2) Name: MAYA BROWN (STATE FARM INSUR) Address: [redacted]
(3) MORGAN STANLEY, ONE LIBERTY PL PHILA 19103
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned he[redacted]rson's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted]ficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 3/15/23

THIS [redacted]COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Barbara

Last Name * (?) OMalley

Middle Initial

Suffix

02 Address

2023 NOV 14 PM 2:52

Business, Governmental, Home, or Postal Address *

Street Address
425 Swede St
Address Line 2
One Montgomery Plz, Suite 800
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone *
6102783182
Telephone Number ### ### ####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status *
Public Employee (Current)

State or County/Local *
County/Local

County *
Montgomery County

County/Local Entity *
Not Listed

Other County/Local Entity *
Montgomery County

Position *
Deputy Chief Operating Officer

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession *
Deputy Chief Operating Officer

07 Year

Year *
2022
The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? *
No

09 Creditors

Do you have reportable creditors? *
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?)

Montgomery County

Address * (?)

Street Address

425 Swede Street

Address Line 2

One Montgomery Plz, Suite 800

City	State / Province / Region
Norristown	pa
Postal / Zip Code	**Country**
19401	

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature *

[redacted]

Date

2023-03-14

[redacted]ED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Brian

Last Name * (?) Olszak

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Court House
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

Telephone * (?) 610-278-3737
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Trails & Open Space Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Trails & Open Space Planner

Current Occupation or Profession * (?) Adjunct Associate Professor - Temple University

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address
Montgomery County Court House
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

Name * (?) Temple University

Address * (?)

Street Address
1801 N. Broad Street
Address Line 2
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19122
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-25

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: O'MALLEY | FIRST NAME: BARBARA | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 425 Swede St | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3182

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

		seeking	hold	held
A	DEPUTY CHIEF OPERATING OFFICER	☐	☒	☐
B		☐	☐	☐

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

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Deputy Chief Operating Officer

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County | Address: PO Box 311 Norristown PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

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

Signa[redacted] Enter Current Date 2/13/2023

THIS[redacted]VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: OMalley | FIRST NAME: Caitlin | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E Airy Street | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3133

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Assistant District Attorne — ☐ seeking ☐ hold ☒ held

B Assistant District Attorne — ☐ seeking ☒ hold ☐ held

05 GOVERNMENTAL BODY in 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 Attorne s Off

B District Attorne s Off

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Chase Bank
Address: 201 N. Walnut Street, DE-1-0153, Wilmington, DE - 19801
Interest Rate: 17.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: City of Philadelphia
Address: 3 S. Penn Square, Philadelphia, PA - 19107
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source Name and Address
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Position Held (i.e., officer, director, employee, etc.)
Name:
Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — 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. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: COMPLETED AND SIGNED ELECTRONICALLY Enter Current Date: 05/01/2023

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

FIRST NAME	LAST NAME	MI	SUFFIX
Caitlin	OMalley	F	

Creditors continuation

Name: Sallie Mae
Address: PO Box 8459, Philadelphia, PA - 19101
Interest Rate: 13.75%

Name: Aid Advantage
Address: P.O. Box 300002 , Greenville, TX - 75403
Interest Rate: 0%

Income Sources continuation

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: O'MALLEY | FIRST NAME: CAITLIN | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County District Attorney's, PO Box 311, Norristown | City | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3133

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

03 STATUS Check applicable box or boxes, more than one box may be marked

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

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A: MONTGOMERY COUNTY

B:

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

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $8,500 — If NONE, check this box ☐
Name: Chase Bank
Address: 201 N. Walnut Street De-1-0153 Wilmington DE 19801
Interest Rate: 17.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County
Address: PO Box 311 Norristown PA 19404
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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

Signat[redacted] Enter Current Date: 4/24/23

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

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

01 LAST NAME: PALISH | FIRST NAME: MICHAEL | MI: W | SUFFIX:

02 [redacted]

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

03 STATUS Check applicable box or boxes, more than one box may be marked.

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

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A DEPUTY CONTROLLER INTERNAL AUD

☐ seeking ☐ hold ☐ held

B

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

A OFFICE OF CONTROLLER

B

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

DEPUTY CONTROLLER INTERNAL AUDIT

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: MICHAEL PALISH – I SELL COMIC BOOKS FROM MY PRIVATE COLLECTION. | Address: [redacted] | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑

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

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] horities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/16/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PARISI | FIRST NAME: SARAH | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: MONTGOMERY COUNTY DA'S OFFICE PO BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-2025

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☑ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY

☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date:

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Sent to Craig 3/6

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PARISI | FIRST NAME: SARAH | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: MONTGOMERY COUNTY DA'S OFFICE PO BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-2025

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☑ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held / Relationship / Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Mark
Last Name * (?)	Peacock
Middle Initial	D
Suffix	

02 Address

2023 MAY -2 AM 7:25

Business, Governmental, Home, or Postal Address * (?)

Street Address
102 York Road
Address Line 2
City
Willow Grove
State / Province / Region
PA
Postal / Zip Code
19090
Country

Telephone * (?) 2157845508
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Health Department

Position * (?) Environmental Health Specialist (inspector)

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist (inspector)

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County (employer)

Address * (?)

Street Address

102 York Rd

Address Line 2

City

Willow Grove

State / Province / Region

pa

Postal / Zip Code

19090

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections: n/a

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-18

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 MAY -9 PM 4:11

01 Name

First Name * (?) John

Last Name * (?) Peffer

Middle Initial P

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
364 King street
Address Line 2
City
Pottstown
State / Province / Region
PA
Postal / Zip Code
19464
Country

Telephone * (?)
610-970-5040
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) NA

Position * (?) Field Supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Field Supervisor

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
364 King street
Address Line 2
City
Pottstown
State / Province / Region
PA
Postal / Zip Code
19464
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-05-09

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PETTIT | FIRST NAME: LEANN | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede Street | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3292

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ■ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: DIR COMMS & OUTREACH for ROD — ☐ seeking ■ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

DIR COMMS & OUTREACH FOR ROD

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: COUNTY OF MONTGOMERY | Address: 425 SWEDE STREET NORRISTOWN, PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned her[redacted]best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted] the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 4/4/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PHILLIPS | FIRST NAME: BRIAN | MI: O | SUFFIX:

02 ADDRESS office (business or governmental) or home: OMP, 425 Swede St., Suite 800 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☒ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant Solicitor — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: American Educational Services
Address: PO Box 65093, Baltimore, MD 21264
Interest Rate: 5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County
Address: OMP, 425 Swede St., PO Box 311, Norristown PA 19404

(OFFICIAL USE ONLY) 2023 APR 27 AM 10:36

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift
Address of Source of Gift
Circumstances (including description) of Gift
Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 [redacted] authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date March 28, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PHILLIPS | FIRST NAME: BRIAN | MI: O | SUFFIX:

02 ADDRESS office (business or governmental) or home: OMP, 425 Swede St., Suite 800 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☒ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Assistant Solicitor — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

2023 MAR 31 AM 11:1

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: American Educational Services
Address: PO Box 65093
Baltimore MD 21264
Interest Rate: 7%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County
Address: OMP, 425 Swede St., PO Box 311
Norristown PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms [redacted] correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 1 [redacted] uthorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date March 9, 2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME PISARCIK | **FIRST NAME** KARLA | **MI** J | **SUFFIX**

02 ADDRESS office (business or governmental) or home 2 E AIRY STREET | City NORRISTOWN | State PA | Zip Code 19404 | Area Code (610) | Phone 278-3815

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) **If NONE, check this box.** ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Earnest see additional page
Address: 535 Mission St., Suite 1663, San Francisco, CA 94105
Interest Rate 6.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐
Name: Montgomery County
Address: PO Box 311, Norristown PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) **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 instruction page) **If NONE, check this box.** ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) **If NONE, check this box.** ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) **If NONE, check this box.** ☒
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) **If NONE, check this box.** ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/18/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Matthew

Last Name * (?) Popek

Middle Initial J

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Province / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Merion Township

Position * (?) Planning Commission Board Chair

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Transportation Planning Assistant Manager

06 Occupation or Profession

Current Occupation or Profession * (?) Transportation Planning Assistant Manager

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
PO Box 311
Address Line 2
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404
Country

11 Gifts

Have you received any reportable gifts? * (?)

Yes

Source of Gift

Name * (?) Pottstown Health and Wellness Foundation

Address * (?)

Street Address
152 East High Street
Address Line 2
City: Pottstown
State / Province / Region: PA
Postal / Zip Code: 19464
Country

Value of Gift * (?) 595

Exclude the "$" symbol

Circumstances and Description of Gift * (?) Rail-volution Conference attendance in Miami in October 2022. (Hotel stays listed separately under Item 12.)

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

Yes

Source of Transportation, Lodging, Hospitality

Name * (?) Pottstown Health and Wellness Foundation

Address * (?)

Street Address
152 East High Street
Address Line 2

City
Pottstown

State / Province / Region
PA

Postal / Zip Code
19464

Country

Amount * (?) 650
Exclude the "$" symbol

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) **Date**

[redacted]

2023-03-28

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THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa. C.S. § 1101 et seq.

2023 MAY -1 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Bruce

Last Name * (?) Reed

Middle Initial D

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Open Space Board

Position * (?) Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Attorney

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Berwind Corporation

Address * (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Berwind Corporation

Address* (?)

Street Address
2929 Walnut Street
Address Line 2
2929 Walnut Street
City
Philadelphia
Postal / Zip Code
19104
State / Province / Region
Pennsylvania
Country

Position Held* (?) Assistant Secretary

Name* (?) Berwind Natural Resources Corporation

Address* (?)

Street Address
2929 Walnut Street
Address Line 2
2929 Walnut Street
City
Philadelphia
Postal / Zip Code
19104
State / Province / Region
PENNSYLVANIA
Country

Position Held* (?) Vice President, Director of Legal Affairs, Secretary

Name* (?) BNR Management Company

Address* (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
Postal / Zip Code
19104
State / Province / Region
PENNSYLVANIA
Country

Position Held* (?) Vice President and Secretary

Name* (?) Berwind Coal Sales Company

Address* (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
Postal / Zip Code
19104
State / Province / Region
Pennsylvania
Country

Position Held* (?) Vice President and Secretary

Name* (?) Berwind Land Company

Address* (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

Position Held* (?) Secretary

Name* (?) Wilmore Coal Company

Address* (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
PENNSYLVANIA
Postal / Zip Code
19104
Country

Position Held* (?) Secretary

Name* (?) CBG, Inc.

Address* (?)

Street Address
2929 Walnut Street
Address Line 2
Suite 900
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

Position Held* (?) Vice President and Secretary

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☒ I Confirm

Signature * (?)

[redacted]

Date

2023-04-21

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THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

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D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 MAR 21 PM 2:07

01 Name

First Name * (?)	Fonta
Last Name * (?)	Reilly
Middle Initial	L
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery PA

Position * (?) Deputy Controller of Grant Accounting

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Accountant

07 Year

Year * (?) 2022

The calendar year for which this form is being filed

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

No

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-03-17

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: REILLEY | FIRST NAME: TACY | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A FISCAL MGT & OPERATIONS DEPUTY

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
FISCAL MGT & OPER. DEPUTY

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: AMERICAN HERITAGE FED C.U. | Address: 2060 RED LION RD
HELOC | PHILA., PA 19115
Interest Rate: 5.490%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: MONTGOMERY COUNTY | Address: P.O. BOX 311
RECORDER OF DEEDS | NORRISTOWN, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held, Relationship, Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted]) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3-28-2023

THIS FO[redacted]ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Richemond | FIRST NAME: Donna | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☒ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Chief of Diversity, Equity, and Inclusion

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Chief Diversity Officer

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County PA Address: One Montgomery Plaza Norristown, PA (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date March 14, 2023

THIS FO[redacted]BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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2023 JUL 11 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

First Name * (?) Jonathan

Last Name * (?) Rinde

Middle Initial E

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

rovince / Region

Telephone * (?)

Telephone Number ### ### ####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Retired (formerly lawyer)

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?)	Wells Fargo Home Mortgage
Address (?)	PO Box 14411
City *	Des Moines
State *	IA
Zip Code	50306
Interest Rate *	3.0 Exclude the "%" symbol
Name * (?)	US Bank
Address (?)	PO Box 21948
City *	Eagan
State *	MN
Zip Code	50306
Interest Rate *	5.875 Exclude the "%" symbol
Name * (?)	Firstrust Bank
Address (?)	1 Walnut Grove Drive
City *	Horsham
State *	PA
Zip Code	19044
Interest Rate *	3.0 Exclude the "%" symbol
Name * (?)	Wells Fargo Home Mortgage
Address (?)	PO Box 77036
City *	Minnespolis
State *	Minnesota
Zip Code	55480
Interest Rate *	2.75 Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Jon Spadel

Address * (?) Street Address [redacted] e / Region

Name * (?) Keith Gebhardt

Address * (?) Street Address [redacted] nce / Region

Name * (?) Alan Tinsley and Mary Beth Smith

Address * (?) Street Address [redacted] e / Region

Name * (?) Armand Lalwani

Address * (?) Street Address [redacted] ce / Region

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Red Sky I, LP

Address * (?)

Street Address

Post Office Box 26304

Address Line 2

City: Collegeville

State / Province / Region: PA

Postal / Zip Code: 19426

Country

Interest Held * (?) 48

Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-25

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Ruth | FIRST NAME: Allison | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3000

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: Assistant District Attorney — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: PFCU 901 Arch Phil 19107 y CA 91716, Mastercard pobox 659450

Address: Capital One PO Box 60511 City of In San Antonio TX 78265

Interest Rate: 2.990, 3. 49, 26.49

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA

Address: PO Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

The undersigned hereby af[redacted]he best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/15/23

THIS FORM [redacted] BOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2023 MAR 24 PM 5

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Dori

Last Name * (?) Sawyer

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address* (?)

Street Address
425 Swede St
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone* (?) 610-278-3570
Telephone Number ###-###-####

- 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Employee (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Countywide

Position* (?) Director of Elections

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Director of Elections

07 Year

Year* (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

Yes

Creditors

Name * (?) Chase Auto Finance

Address (?)

City * Phoenix

State * AZ

Zip Code 85062

Interest Rate * 4.84%
Exclude the "%" symbol

Name * (?) Subaru Motor Finance

Address (?)

City * Phoenix

State * AZ

Zip Code 85062

Interest Rate * lease
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)
Yes

Source of Income

Name * (?) Montgomery County

Address * (?)
Street Address
425 Swede St
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

11 Gifts

Have you received any reportable gifts? * (?)
No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-06

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Schiff | **FIRST NAME:** Brianna | **MI:** | **SUFFIX:**

02 ADDRESS office (business or governmental) or home: PO BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19003 | Area Code / Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: DEPUTY DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B: ☐ seeking ☒ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B: DISTRICT ATTORNEY'S OFFICE

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS — Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: US DEPT OF ED / FED LOAN SERVICING | Address: PO BOX 6984, HARRISBURG, PA | Interest Rate: 6.375

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address: 278

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) | Interest Held

Transferee | Relationship | Date Transferred

The undersig[redacted] of said person's knowledge, information and belief, said affirmation being made subject to the penalti[redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date: APRIL 18, 2023

[redacted] S NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Kyle
Last Name * (?)	Schmeck
Middle Initial	A
Suffix	

02 Address

2023 MAY -1 PM 2:38

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ce / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) None

Position * (?) Director of Water Quality Management

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Water Quality Management

07 Year

Year * (?) 2023

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?)	Lending Club
Address (?)	595 Market Street, Suite 200
City *	San Francisco
State *	California
Zip Code	94105
Interest Rate *	16 Exclude the "%" symbol
Name * (?)	Police and Fire Credit Union
Address (?)	901 Arch Street ,
City *	Philadelphia
State *	PA
Zip Code	19107
Interest Rate *	12? Exclude the "%" symbol
Name * (?)	American Heritage Credit Union
Address (?)	2060 REd Lion Road
City *	Philadelphia
State *	PA
Zip Code	19115
Interest Rate *	12? Exclude the "%" symbol
Name * (?)	Wells Fargo Bank
Address (?)	755 S West End Blvd, Quakertown, PA 18951
City *	Quakertown
State *	PA
Zip Code	18951
Interest Rate *	0 Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery - HHS/Office of Public Health

Address * (?)

Street Address
1430 DeKalb St.

Address Line 2
PO Box 311

City
Norristown

State / Province / Region
Pennsylvania

Postal / Zip Code
19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-05-01

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SCHREIBER | FIRST NAME: LORI | MI: A | SUFFIX:

02 ADDRESS: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A [X] Candidate (including write-in)
- B [ ] Nominee
- C [X] Public Official (Current)
- C [ ] Public Official (Former)
- D [ ] Public Employee (Current)
- D [ ] Public Employee (Former)
- E [ ] Check this box if you are filing as a solicitor

[ ] Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

		seeking	hold	held
A	CLERK OF COURTS	[X]	[X]	[ ]
B	COMMISSIONER	[ ]	[X]	[ ]

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B Abington Township

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Clerk of Courts / College Instructor

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [X]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [X]
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box [ ]
Name: See Attached paper | Address:
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box [X]
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box [X]
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [X]
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [X]
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [X]
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/6/23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

uestion #10- Direct or Indirect SOURCES OF INCOME : For Lori Schreiber for ear 2022

Montgomery County, P.O. Box 311, Norristown, PA 19404-0311

Penn State Abington, 1600 Woodland Road, Abington PA 19001

Montgomery County Community College, 340 Dekalb Pike, Blue Bell PA 19046

Abington Township, 1176 Old York Road, Abington PA 19001

Raymond James and Associates, Inc. , 4 Caulfield Place, Suite 101 Newtown, PA 18904

Merrill Lynch, The Mawson Schell Group, 101 West Ave. Suite 100, Jenkintown, PA 19046

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 14 PM 3:03

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Susan

Last Name * (?) Schulberger

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
1175 Conshohocken Rd
Address Line 2
City
Conshohocken
State / Province / Region
PA
Postal / Zip Code
19428
Country

Telephone * (?)
610-278-2666
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Plymouth Township

Position * (?) Administrative Assistant

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Administrative Assistant

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address

1175 Conshohocken Road

Address Line 2

City

Conshohocken

State / Province / Region

PA

Postal / Zip Code

19428

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Montgomery County

Address * (?)

Street Address

1175 Conshohocken Rd

Address Line 2

City

Conshohocken

State / Province / Region

PA

Postal / Zip Code

19428

Country

Position Held * (?) Administrative Assistant

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?) **Date**

[redacted] **2023-03-27**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME Schull | **FIRST NAME** Claudine | **MI** D | **SUFFIX**

02 ADDRESS office (business or governmental) or home 1430 Dekalb St. | City Norristown | State PA | Zip Code 19403 | Area Code Phone [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ■ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A Community BH Coord.

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Office of Mental Health

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Children's Community Behavioral Health Coordinator

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Mr. Cooper | Address: PO Box 650783, Dallas, TX 75265-0783 | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) **all employment** — If NONE, check this box ■
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/11/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Erin

Last Name * (?) Seifrit-Townsend

Middle Initial

Suffix

02 Address

2023 APR 11 AM 11:05
VOTER SERVICES
MONROE CO. PA

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb St
Address Line 2
City
Norristown
State / Province / Region
Montgomery
Postal / Zip Code
19403
Country

Telephone * (?)
6102786200
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Deputy Administrator of Children's Mental Health

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Deputy Administrator of Children's Mental Health

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Merck Sharpe & Dohme FCU

Address (?)

City * Chalfont

State * PA

Zip Code 18914

Interest Rate * 5%
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-11

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Laureen
Last Name * (?)	Sendel-Grant
Middle Initial	G
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Planning Commission

Position * (?) Principal Transportation Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Principal Transportation Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address* (?) Street Address

[redacted]

ce / Region

Address* (?) Street Address

[redacted]

ovince / Region

09 Creditors

Do you have reportable creditors?* (?)

Yes

Creditors

Name* (?) Bank of America

Address (?) PO Box 15220

City* Wilmington

State* DE

Zip Code 19886-5220

Interest Rate* 3.34

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?* (?)

Yes

Source of Income

Name* (?) County of Montgomery

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

Name * (?) Select Properties

Address * (?) Street Address

[redacted]

vince / Region

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-10

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Severson | FIRST NAME: LINDA | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2E Airy St. | City: Norristown | State: Pa | Zip Code: 19404 | Area Code: (610) | Phone: 278-3341

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Office Manager — ☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Prothonotary

B: Montgomery County

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Office Manager

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Wawa | Address: 100 Crawford Ave Conshohocken Pa 19428
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held, Relationship, Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 3/14/23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SHACKLETT | FIRST NAME: JAMES | MI: H | SUFFIX: III

02 A[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) B ☐ Nominee C ☑ Public Official (Current) C ☐ Public Official (Former) D ☐ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A BOARD MEMBER

☐ seeking ☑ hold ☐ held

B MONT CTY. HIGHER EDUCATION & HEALTH AUTHORITY

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
VP/General Mgr.

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: ALLAN MYERS/DEVAULT PARTNERS Address: Berks Road Worcester, PA
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: ALLAN MYERS/DEVAULT PARTNERS Address: Berks Road, Worcester, PA
Position Held (i.e., officer, director, employee, etc.): VP/GM

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address): NONE
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby[redacted]dge, information and belief, said affirmation being made subject to the penalties prescrib[redacted]oyee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3-15-2023

THIS FOR[redacted]. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☒ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Joseph
Last Name * (?)	Shaw
Middle Initial	A
Suffix	

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Planning Commission
Address Line 2
Courthouse - P.O. Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
610-278-3733
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Section Manager

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Planning Section Manager

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
Montgomery County Courthouse
Address Line 2
P.O. Box 311
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404
Country:

Name * (?) Montgomery County Community College

Address * (?)

Street Address
340 Dekalb Pike,
Address Line 2
City: Blue Bell
State / Province / Region: PA
Postal / Zip Code: 19422
Country:

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Shefton | FIRST NAME: Michelle | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: Courthouse-4th Floor PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☒ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name:	Address:	Interest Rate
Mohela	633 Spirit Drive Chesterfield MO	6.5
First Commonwealth Bank	601 Philadelphia St Indiana PA	Unknown

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name:	Address:
Montgomery County	
Allegheny County	436 Grant Street Pittsburgh PA

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)
Name:	Address:	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)	Interest Held Relationship Date Transferred
Transferee (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pr[redacted]blic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signa[redacted] Enter Current Date 4/17/23

THIS [redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2023 APR 24 P1 1:34

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 APR 11 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Kimberly

Last Name * (?) Sheppard

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Not listed

Position * (?) Member open space committee

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) President Whitemarsh Foiundation

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☑ I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Whitemarsh Foundation

Address * (?)

Street Address
PO Box 538

Address Line 2

City
Lafayette Hill

State / Province / Region
PA

Postal / Zip Code
19031

Country

Position Held * (?) President

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-24

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Andrea
Last Name * (?)	Sipple
Middle Initial	M
Suffix	

02 Address

2023 MAY -2 AM 7:25

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Environmental Field Services Supervisor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Field Services Supervisor

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Barclays

Address (?)

City * Wilmington

State * Delaware

Zip Code

Interest Rate * 17.99%
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)
Yes

Source of Income

Name * (?) Montgomery County

Address * (?)
Street Address
102 York Rd
Address Line 2
Ste 401
City: Willow Grove
State / Province / Region: PA
Postal / Zip Code: 19090
Country

11 Gifts

Have you received any reportable gifts? * (?)
No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.
I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)
No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.
I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-17

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SISLER | FIRST NAME: KARLEY | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3277

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: DIRECTOR IN-PERSON ELECTIONS — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: COUNTY OF MONTGOMERY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Director In-Person Elections

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: County of Montgomery | Address: PO Box 311, Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby aff[redacted]on is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted]alsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5/1/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

UST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Allison

Last Name * (?) Slizofski

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

nce / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) MCTA

Position * (?) Chair

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) engineer

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Drive Engineering Corp.

Address * (?)

Street Address
595 Skippack Pike
Address Line 2
Suite 400
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

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☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Drive Engineering Corp

Address * (?)

Street Address
595 Skippack Pike
Address Line 2
Suite 400
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Position Held * (?) Vice President

Name * (?) Drive Integration, LLC

Address * (?)

Street Address
595 Skippack Pike
Address Line 2
Suite 400
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Position Held * (?) President

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

Yes

Business Entity

Name * (?) Drive Engineering Corp

Address * (?)

Street Address
595 Skippack Pike
Address Line 2
Suite 400
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Interest Held * (?) 47
Exclude the "%" symbol

Name * (?) Drive Integration, LLC

Address * (?)

Street Address
595 Skippack Pike
Address Line 2
Suite 400
City
Blue Bell
State / Province / Region
PA
Postal / Zip Code
19422
Country

Interest Held * (?) 51
Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections: All information is for the 2022 year.

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SMITH | FIRST NAME: SEAN | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 60 Eagleville Road | City: Eagleville | State: PA | Zip Code: 19403 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT WARDEN

☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County PA

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant Warden

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☒
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned he[redacted] f said person's knowledge, information and belief, said affirmation being made subject to the penalties pre[redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date MARCH 10, 2023

THIS [redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2023 MAR 13 AM 11:

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Colin

Last Name * (?) Snyder

Middle Initial

Suffix

02 Address

2023 -2 PM 1:43

Business, Governmental, Home or Postal Address * (?)

Street Address

[redacted]

nce / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Pottstown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (2)

[redacted]

Date

2023-04-17

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SOLTYSIAK | FIRST NAME: LEE | MI: A | SUFFIX:

02 ADD[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | C ☒ Public Official (Current) | D ☒ Public Employee (Current) | E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee | C ☐ Public Official (Former) | D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A CHIEF OPERATING OFFICER

☐ seeking ☒ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Administration

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: US Bank - Car lease
Address: 800 Nicollet Mall Minneapolis, MN 55402
Interest Rate: Lease

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County
Address: 425 Swede St Norristown, PA 19401
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby aff[redacted]e best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed b[redacted]nd the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4.27.23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SORG | FIRST NAME: JEANNE | MI | SUFFIX

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A [■] Candidate (including write-in) B [ ] Nominee C [■] Public Official (Current) C [ ] Public Official (Former) D [ ] Public Employee (Current) D [ ] Public Employee (Former) E [ ] Check this box if you are filing as a solicitor

[ ] Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A RECORDER OF DEEDS — [ ] seeking [■] hold [ ] held

B MAYOR — [ ] seeking [■] hold [ ] held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B AMBLER

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RECORDER OF DEEDS

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box [■]

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box [ ]

Name: CHRYSLER CAPITAL Address: P.O. Box 961275Fort Worth, TX 76161 Interest Rate: 0

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box [ ]

Name: MONTGOMERY COUNTY Address: NORRISTOWN, PA 19401 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box [■]

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box [■]

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box [■]

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box [■]

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box [■]

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned [redacted] person's knowledge, information and belief, said affirmation being made subject to the penalties p[redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig[redacted] Enter Current Date 02/07/2023

TH[redacted] T COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: STEED | FIRST NAME: VERNON | MI: L | SUFFIX:

02 ADDRESS (office (business or governmental) or home) [redacted] City [redacted] State [redacted] Zip Code [redacted] Area Code [redacted] Phone [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (Including write-in) | B ☐ Nominee | C ☑ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A: PRISON BOARD MEMBER ☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY PRISON BOARD

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
FORENSIC Advocate

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affi[redacted] to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed b[redacted]es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/24/23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Stein | FIRST NAME: Joshua | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☑ Public Employee (Current) D ☐ Public Employee (Former) E ☑ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A County Solicitor

☐ seeking ☒ hold ☐ held

B Mongomery County Higher Education and Health Authority

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B Montgomery County Higher Education and Health Authority

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instructions on 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 page 2) If NONE, check this box. ☐
Name: County of Montgomery Address: 425 Swede Street, Norristown PA

(OFFICIAL USE ONLY)
2023 APR 24 AM 10:35

11 GIFTS (See instructions on page 2) If NONE, check this box. ☑
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☑
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
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 (i.e., 5%, 10%, etc.)

S&S Family Partnership, 230 S. Broad Street, 2nd Floor, Philadelphia PA 19102 — 36%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☐
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned here[redacted] correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescr[redacted] authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/16/23

THIS FO[redacted] BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2023 JAN 11 PM 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Michael

Last Name * (?) Stokes

Middle Initial M

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ce / Region

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Open Space Board

Position * (?) Board Member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) retired

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Vanguard

Address * (?)

Street Address
455 Devon Park Dr
Address Line 2

City: Wayne
State / Province / Region: PA
Postal / Zip Code: 19807
Country:

Name * (?) Merrill Lynch

Address * (?)

Street Address
[redacted]

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-26

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: STRATIGEAS | FIRST NAME: CHRISTOPHER | MI: J | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 SWEDE ST. | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☑ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☑ seeking ☐ held ☐ held

B — ☐ seeking ☐ held ☐ held

05 GOVERNMENTAL BODY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): LAWYER

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: FIRST REPUBLIC BANK | Address: 320 PARK AVE., NY NY | Interest Rate: 2.45

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: LATHAM & WATKINS LLP | Address: 1271 6TH AVE., NY NY
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: LATHAM & WATKINS LLP | Address: 1271 6TH AVE, NY NY
Position Held (i.e., officer, director, employee, etc.): ASSOCIATE

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 05/01/2023

THIS FORM [redacted] BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/13

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SULLOCK | FIRST NAME: LINDA | MI: M | SUFFIX:

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☒ Public Employee (Former)
- E ☐ Check this block if you are filing as a solicitor
- ☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 2nd Deputy Clerk of Courts

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2022

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☐

Name: Huntington Natl Bank Columbus OH 43218

Address: P.O. Box 182519

Interest Rate: 3.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐

Name: Montgomery County

Address: P.O. Box 311 Norristown PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business | Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigne[redacted]erson's knowledge, information and belief; said affirmation being made subject to the penalties [redacted]fficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig[redacted] Enter Current Date 1-5-23

THI[redacted] COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/13

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SULLOCK | FIRST NAME: LINDA | MI: M | SUFFIX:

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

2nd Deputy Clerk of Courts

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2021

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☐

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☐

Name: Huntington Nat'l Bank Address: P.O. Box 182519 Columbus OH 43218

Interest Rate: 3.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐

(OFFICIAL USE ONLY)

Name: Montgomery County Address: P.O. Box 311 Norristown PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business | Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address) | Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

The undersigned H[redacted] aid person's knowledge, information and belief; said affirmation being made subject to the penalties pr[redacted] olic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signa[redacted] Enter Current Date 1-3-22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 APR 26 PM 2:12

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Christina

Last Name * (?) Terebelo

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Solicitor's Office
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

Telephone * (?) 6102783033
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Assistant Solicitor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Attorney

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *
No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) Montgomery County Solicitor's Office

Address * (?)

Street Address

Montgomery County Solicitor's Office

Address Line 2

P.O. Box 311

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-26

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 APR 24 PM 2:58

01 Name

First Name * (?) Christina

Last Name * (?) Terebelo

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
Montgomery County Solicitor's Office
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

Telephone * (?) 6102783033
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Assistant Solicitor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Attorney

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
Yes

Creditors

Name * (?)	Volvo Car Financial Services
Address (?)	
City *	Mobile
State *	Alabama
Zip Code	
Interest Rate *	.003 Exclude the "%" symbol
Name * (?)	Firstmark Services
Address (?)	P.O. Box 2977
City *	Omaha
State *	Nebraska
Zip Code	68103
Interest Rate *	8.4 Exclude the "%" symbol
Name * (?)	Nelnet
Address (?)	P.O. Box 82561
City *	Lincoln
State *	Nebraska
Zip Code	68501
Interest Rate *	3.5 Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer *	By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties. I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-24

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Thorpe | FIRST NAME: Ivan | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ■ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A Secure Detention Administrator

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Secure Detention Administrator

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☐

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☐

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — 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 [redacted] ation to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/24/2023

THIS FORM [redacted] F ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TILGER-HALBOM | FIRST NAME: LAUREN | MI: E | SUFFIX:

02 ADDRESS office (business or government) or home | City | State | Zip Code | Area Code | Phone [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☒ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A FIRST DEPUTY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A PROTHONOTARY

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): First Deputy Prothonotary

07 YEAR SEE INSTRUCTIONS — Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Honda USA | Address: | Interest Rate: 1.990

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County, PA | Address: 425 Swede St Norristown, PA 19401 | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Transferee (Name [redacted]) | Interest Held | Relationship | Date Transferred

The undersigned he[redacted]d correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted]o authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date 3/9/2023

THIS [redacted] BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TOAL | FIRST NAME: WILLIAM | MI: R | SUFFIX: III

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☑ Public Official (Current) | C ☑ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A ASST DISTRICT ATTORNEY — ☐ seeking ☑ hold ☑ held

B — ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B DELAWARE COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Attorney

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name:	Address:	Interest Rate
First Bank Card	Omaha NE Po box 69103	6.9 % / 27.74 %
TD Bank	Po box 100290 Columbus S.C	17.49 %

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name:	Address:	(OFFICIAL USE ONLY)
Montco DA's office	Po box 311 Norristown PA 19404	
Delco DA's office	201 W. Front St Media PA 19063	

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑

Business (Name and Address) | Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

2023 APR 24 PM 1:34

The undersigned hereby [redacted] correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted] authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4.17.23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

NWEALTH OF PENNSYLVANIA
(Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TORNETTA | FIRST NAME: CHARLES | MI: J | SUFFIX:

02 ADDRESS: [redacted] | Code | Area Code ( ) | Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☒ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☒ held

A: PLANNING COMMISSION ☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Real Estate Broker

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☐
See Block 14

09 CREDITORS TO WHOM IS OWED MORE THAN $6,600 — If NONE, check this box ☐
Name: See Block 14 | Address: | Interest Rate
LOAN ONLY AS PART OF INVESTMENTS IN BLOCK 14

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: See Block 14 | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐
Business Entity (Name and Address)
Name: See Insert | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐
Business (Name and Address)
See Insert | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☐
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

The undersigned hereby af[redacted]erson's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted]fficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3-28-23

THIS FORM [redacted] COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Charles & Dorothy Tonella
2022

Initials Date
Prepared By
Approved By

© WILSON JONES G7205 GREEN

1 2 3 4 5

0 Income

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TROUT | FIRST NAME: ANNA | MI: E | SUFFIX:

02 ADDRESS office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ■ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Crisis & Diversion Director — ☐ seeking ■ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Dept. of Health & Human Servic

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Crisis & Diversion Director

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ■
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County Address: P.O. Box 311 Norristown PA 19404-0311 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address: 744

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by [redacted] he Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4-24-2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TURNBULL-PETER | FIRST NAME: LAURA | MI: L | SUFFIX:

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ■ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A FINANCE AND ADMIN OFFICER

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
SAME AS 4

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Wells Fargo Mortgage Company | Address:
Interest Rate: 2.78

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: DoD pension | Address:
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ■
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/18/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAY 1 PM 3:33

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Andrew

Last Name * (?) Turner

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address* (?)

Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone* (?) 6102783638
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status* (?) Public Employee (Current)

State or County/Local* (?) County/Local

County* (?) Montgomery County

County/Local Entity* (?) **Not Listed**

Other County/Local Entity* (?) Montgomery County Planning Commission

Position* (?) Transportation Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?*

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession* (?) Transportation Planner

07 Year

Year* (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests?* (?) No

09 Creditors

Do you have reportable creditors?* (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County Planning Commission

Address * (?)

Street Address

Montgomery County Courthouse

Address Line 2

PO Box 311

City	State / Province / Region
Norristown	PA
Postal / Zip Code	**Country**
19404	

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Michael Vasko

Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY (https://www.ethicsrulings.pa.gov/WebLink/?dbid=0&repo=EthicsLF8). YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 MAR 22 AM 9:53

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Michael

Last Name * (?) Vasko

Middle Initial J

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Address Line 1

[redacted]

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Controller's Office

Position * (?) Deputy Controller of General Accounting

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Accountant

" Add " - For block 6, you need only list one occupation or profession. If you have additional current occupation(s) or profession(s) that you wish to list, click here.

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?)

No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☑ I Accept

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Michael Vasko dba Tri5Autos.com

Address * (?) Address Line 1

[redacted]

Position Held * (?) Owner

" Add " - Click here to list any additional office, directorship, or employment in a business.

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?) [redacted] **Date** [redacted]

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLO... ABOVE IS NOT COMPLETED. MAKE A COPY FOR YO... RECORDS.

Date will be captured on form submission

Enter your valid e-mail address and an official copy of your filing will be emailed to you upon submission. ***Your email address will remain private***.

[redacted]

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2023 JAN 11 P 3:36

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Mark

Last Name * (?) Vasoli

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

/ Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Official (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Open Space Board

Position * (?) Vice Chair

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Administrator

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Vasoli Electric Co. Inc.

Address * (?)

Street Address

1430 Ulmer Ave

Address Line 2

City

Oreland

State / Province / Region

PA

Postal / Zip Code

1975

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

Yes

Business Entity

Name * (?) Vasoli Electric Co. Inc.

Address* (?)

Street Address
1430 Ulmer Ave
Address Line 2
City
Oreland
State / Province / Region
PA
Postal / Zip Code
19075
Country

Position Held* (?) Administrator & Director

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit?* (?)

Yes

Business Entity

Name* (?) Vasoli Electric Co. Inc.

Address* (?)

Street Address
1430 Ulmer Ave
Address Line 2
City
Oreland
State / Province / Region
PA
Postal / Zip Code
19075
Country

Interest Held* (?) 6

Exclude the "%" symbol

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?* (?)

No

Additional comments or explanations about any of the above sections:

Confirmation*

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature* (?) **Date**

[redacted]

2023-04-19

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: VELEZ | FIRST NAME: MILTON | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: ONE MONTGOMERY PLAZA, SUITE 800 | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-6285

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSISTANT SOLICITOR — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT SOLICITOR

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: SEE ATTACHED STATEMENT | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: SEE ATTACHED STATEMENT | Address:

County of Montgomery — One Montgomery Plaza, NOrristown, PA 19401

(OFFICIAL USE ONLY)

2023 APR 21 AM 10:3

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)

Name: SEE ATTACHED LIST | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☐

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

SEE ATTACHED STATEMENT

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereb[redacted]o the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted]s) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/31/2023

THIS FO[redacted]ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTEREST - 2022

Supplemental Responses of - **MILTON VELEZ, ESQUIRE**
Assistant Solicitor
Montgomery County

09 CREDITORS -

At this time, I have two (2) education loans with MOHELA/U.S. Department of Education, P.O. Box 4602, Chesterfield, MO 63006-4602. Loan #1 has an interest rate of 7.9%; and loan #2 has an interest rate of 5.0%.

10 DIRECT OR INDIRECT SOURCES OF INCOME -

I operate a limited, part-time, solo law practice, known as VelezLaw, from my home at [redacted]

I am also involved with three rental properties in Philadelphia County, again managed and operated from my home at [redacted]

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS -

I am the Chairman of the Board of Directors for a Christian non-profit charitable corporation named, the Children's Jubilee Fund, with offices at 116 Greenwood Avenue, Wyncote, PA 19095. This is a 501(c)(3) nonprofit corporation organized and operating in the Commonwealth of Pennsylvania.

I am also on the Board of Directors for the Legal Aid of Southeastern Pennsylvania ("LASP"), located at 625 Swede Street, Norristown, PA 19401.

Additionally, I am the duly elected Secretary of Finance for the *Iglesia Evangelica Bautista de Filadelfia,* located at 621 West Rising Sun Avenue, Philadelphia, PA 19140.

14 FINANCIAL INTEREST -

I operate a limited, part-time, solo law practice, known as VelezLaw, from my home at [redacted]

I am involved with three rental properties in Philadelphia County, operated from my home at [redacted] am the joint owner of these properties.

[redacted]

Milton Vélez, Esquire

3/31/2023

Date

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?)	Michael
Last Name * (?)	Vest
Middle Initial	O
Suffix	

02 Address

RECEIVED
2023 APR 13 PM 3:41
OFFICE OF
VOTER SERVICES
NORTHAMPTON CO., PA

Business, Governmental, Home, or Postal Address * (?)

Street Address
50 Eagleville Road
Address Line 2
City
Eagleville
State / Province / Region
Pennsylvania
Postal / Zip Code
19403
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Department of Public Safety

Position * (?) Director

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Public Safety

07 Year

Year * (?) 2022

The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) Chrysler Capital

Address (?) PO BOX 1423

City * Dallas

State * TX

Zip Code 28201-1432

Interest Rate * 2.9
Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)
Yes

Source of Income

Name * (?) Montgomery County

Address * (?)
Street Address
PO Box 311
Address Line 2
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404
Country

11 Gifts

Have you received any reportable gifts? * (?)
No

Gifts Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.
I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)
No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.
I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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)

I Confirm

Signature * (?)

[redacted]

Date

2023-04-13

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: VITI | FIRST NAME: JOSEPH | MI | SUFFIX

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A EXECUTIVE DIRECTOR — ☐ seeking ☑ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY YOUTH CENTER

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Executive Director

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Ardent Credit Union
Address: P.O. Box 7480 Philadelphia, Pa 19101
Interest Rate: 3.84%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name:
Address:
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address)
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby [redacted] nd correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted] o authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 03/24/2023

THIS FOR[redacted] Y BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WALTZ | FIRST NAME: ROBERT | MI: J | SUFFIX: JR.

02 ADDRESS office (business or governmental) or home: 2 E. Airy St | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3130

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Attached | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐
Name: Montgomery County, PA | Address: | (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☒
Business Entity (Name and Address)
Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and [redacted])
Interest Held
Relationship
Date Transferred

The undersigned hereby [redacted] knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted] and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/6/23

THIS FORM [redacted] PLETED. MAKE A COPY FOR YOUR RECORDS.

American Education Services P.O. 2461 Harrisbur , PA 17105	$37,402.72
Universi Accountin Service, LCC PO Box 5879 Carol Stream, IL 60197	$16,416.65
U.S. De artment of Education P.O. Box 82561 Lincoln, NE 68501	$76,067.43

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

First Name * (?) John

Last Name * (?) Walko

Middle Initial F

Suffix

Business, Governmental, Home or Postal Address * (?)

Street Address

[redacted]

Telephone * (?)

[redacted]

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County Recorder of Deeds Office

Position * (?) Solicitor

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Delaware County

County/Local Entity * (?) Haverford Township

Position * (?) Solicitor

Status * (?) Solicitor

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Upper Merion Township

Position * (?)	Solicitor
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	Narberth Borough
Position * (?)	Solicitor
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	West Norriton Township
Position * (?)	Solicitor
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Bucks County
County/Local Entity * (?)	Middletown Township
Position * (?)	Zoning Hearing Board Solicitor
Status * (?)	Public Employee (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	Abington Township
Position * (?)	Automated Red Light Camera Hearing Officer
Status * (?)	Solicitor
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	Whitemarsh Township

Position * (?)	Solicitor
Current Occupation or Profession * (?)	Attorney
Year * (?)	2022 The calendar year for which this form is being filed.
Do you have reportable real estate interests? * (?)	No

Do you have reportable creditors? * (?)

Yes

Name * (?)	Police and Fire Federal Credit Union
Address (?)	901 Arch St.
City *	Philadelphia
State *	PA
Zip Code	19107
Interest Rate *	3.24 Exclude the "%" symbol
Name * (?)	MOHELA
Address (?)	633 Spirit Dr.
City *	Chesterfield
State *	MO
Zip Code	63005-1243
Interest Rate *	5.375 Exclude the "%" symbol

Do you have any reportable direct or indirect sources of income? * (?)

No

Income Disclaimer *

By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☑ I Accept

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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 §

☑ I Confirm

Signature * (?)	Date
[redacted]	2023-01-23

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa. C.S. § 1101 et seq.

2026 MAY -1 PM 3:34

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Claire

Last Name * (?) Warner

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) 610-278-3755
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Senior Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Senior Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Montgomery County

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-03-20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

01 Name

First Name * (?) Aishea

Last Name * (?) Watkins

Middle Initial

Suffix

02 Address

2023 [illegible] - 1 AM 10: 08

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb Street
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

Telephone * (?) [redacted]
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Public Health Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Public Health Planner

07 Year

Year * (?) 2022
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address

1430 Dekalb Street

Address Line 2

PO Box 311

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19401

Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation * The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-17

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

2023 APR 18 PM 1:01

01 Name

First Name * (?) John

Last Name * (?) Weed

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?)
610-278-3500
Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) First Deputy Director of Public Safety

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *
No
Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Public Safety

07 Year

Year * (?) 2022
The calendar year for which this form is being filed

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)
No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Name * (?) Police Pension

Address * (?)

Street Address
Cheltenham Township
Address Line 2
8230 Old York Road
City
Elkins Park
State / Province / Region
PA
Postal / Zip Code
19027
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-03-09

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WÉGBRÉIT | FIRST NAME: ROBERT | MI | SUFFIX

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code ( ) | Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☑ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A: Board Member ☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: ~~MD~~ Redevelopment Authority of Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Financial Research

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the governmental body of its supervising political subdivision [redacted] If NONE, check this box ☐

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 If NONE, check this box ☐

Name: None | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment If NONE, check this box ☐ (OFFICIAL USE ONLY)

Name: GF Data, Assoc for Corporate Growth | Address: Chicago, IL 60601

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE If NONE, check this box ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE If NONE, check this box ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS If NONE, check this box ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT If NONE, check this box ☑

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER If NONE, check this box ☑

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms [redacted] of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 [redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1/12/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Weiss | FIRST NAME: HARRIET | MI: G | SUFFIX:

02 ADDRESS (office/business or governmental) or home | City | State | Zip Code | Area Code | Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Mont. City higher Ed & Health Auth — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑
Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescr[redacted]) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature[redacted] Enter Current Date 2/10/23

THIS FO[redacted]ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Wieman | FIRST NAME: Nancy | MI: L | SUFFIX:

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☐ Public Employee (Current) D ☒ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A Deputy Administrator MH — ☐ seeking ☐ held ☒ held

B — ☐ seeking ☐ held ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Retired / Consultant

07 YEAR SEE INSTRUCTIONS
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

2023 APR 3 1 AM 11

08 REAL ESTATE INTERESTS Involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☒

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐
Name: Mortgage Midwest Loan | Address: Houghton, MI | Interest Rate: 3.2

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐ (OFFICIAL USE ONLY)
Name: Total income 100,000 | Address:
State Pension, County Pension, S.S. IRA, Consult, Rental

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS Consultant — If NONE, check this box ☐
Business Entity (Name and Address)
Name: PMHCC | Address: Phila PA | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☒
Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☒
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescr[redacted]fficial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Steve

Last Name * (?) Wilkinson

Middle Initial

Suffix

02 Address

2023 MAY -2 PM 1:35

Business, Governmental, Home, or Postal Address * (?)

Street Address
1430 Dekalb St
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

Telephone * (?) [redacted]-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) Norristown Borough

Position * (?) Environmental Health Specialist

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Environmental Health Specialist

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
1430 Dekalb ST

Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

I Confirm

Signature * (?)

[redacted]

Date

2023-04-19

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Wilson | FIRST NAME: Jason | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: 50 Eagleville Road | City: Eagleville | State: PA | Zip Code: 19403 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ■ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ■ hold ☐ held

A Deputy Director or EM ☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery Co Dept of Pub Safe

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy Director of Emergency Management

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2023

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: Quakertown National Bank Address: Quakertown, PA Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Montgomery County Department of Public Safety Address: 50 Eagleville Road, Eagleville, PA 19403 (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)

Name: East Greenville Fire Company Address: 401 Washington Street, East Greenville, PA 18041 | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 4/13/2023

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

Important: Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. *

Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Megan

Last Name * (?) Young

Middle Initial T

Suffix

02 Address

2023 MAY -1 AM 10:19

Business, Governmental, Home, or Postal Address * (?)	Street Address [redacted] ovince / Region
Telephone * (?)	Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?)	Public Employee (Current)
State or County/Local * (?)	County/Local
County * (?)	Montgomery County
County/Local Entity * (?)	**Not Listed**
Other County/Local Entity * (?)	Montgomery County Government
Position * (?)	Division Director- Public Health Preparedness

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

Yes

Selecting "Yes" will allow for additions below.

Status * (?)	Public Official (Current)
State or County/Local * (?)	County/Local
County * (?)	Berks County
County/Local Entity * (?)	Fleetwood Borough
Position * (?)	Emergency Management Coordinator

06 Occupation or Profession

Current Occupation or Profession * (?)	Public Health

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) Yes

Real Estate

Address * (?) Street Address

[redacted]

ce / Region

09 Creditors

Do you have reportable creditors? * (?)

Yes

Creditors

Name * (?) First Mark Services

Address (?) PO Box 82522

City * Lincoln

State * NE

Zip Code 68501

Interest Rate * 6.91

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) Penn State Hershey Medical Center

Address * (?)

Street Address

500 University Drive

Address Line 2

City

Hershey

State / Province / Region

PA

Postal / Zip Code

17033

Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

No

Transportation, Lodging, & Hospitality Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☐ I Confirm

Signature * (?)

[redacted]

Date

2023-04-28

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY
SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Zanders | **FIRST NAME:** VeraCatheri | **MI:** L | **SUFFIX:**

02 ADDRESS office (business or governmental) or home: 1430 Dekalb Street, PO Box 311 | **City:** Norristown | **State:** PA | **Zip Code:** 19401 | **Area Code:** (610) | **Phone:** 278-5653

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ■ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.)

A: Deputy Administrator of MH — ☐ seeking ■ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy Administrator of Adult MH

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ■

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☐

Name: American Heritage Credit Union
Address: 2060 Red Lion Road, Philadelphia, PA 19115
Interest Rate: 2.84%

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☐

Name: Montgomery County
Address: 1430 Dekalb Street, PO Box 311, Norristown PA
(OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ■

Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ■

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☐

Business Entity (Name and Address)
Name: Montgomery County
Address: 1430 Dekalb Street, Norristown
Position Held (i.e., officer, director, employee, etc.): Deputy Admin

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ■

Business (Name and Address) | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ■

Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

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Signature _____ **Enter Current Date** _____

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Statement of Financial Interests

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AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

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2023 MAY -1 PM 3:35

Please check below if you have read and understand the above terms. *

☑ Yes I have read and understand the above the terms.

Are you amending a prior filing? *

No

01 Name

First Name * (?) Stephen

Last Name * (?) Zbyszinski

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address * (?)

Street Address

[redacted]

ce / Region

Telephone * (?) 610-278-5960

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) Montgomery County

Position * (?) Farmland Preservation Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Senior Farmland Preservation Planner

07 Year

Year * (?) 2022

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? * (?) No

09 Creditors

Do you have reportable creditors? * (?)

No

10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? * (?)

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
425 Swede St
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

11 Gifts

Have you received any reportable gifts? * (?)

No

Gifts Disclaimer *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? * (?)

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☑ I Accept

13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? * (?)

No

14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? * (?)

No

15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)

No

Additional comments or explanations about any of the above sections:

Confirmation *

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☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-20

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Statement of Financial Interests

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E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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Please check below if you have read and understand the above terms. *

* Yes I have read and understand the above the terms.

Are you amending a prior filing? *

Yes

2023 MAY - 1 AM 8:45

01 Name

First Name * (?)	David
Last Name * (?)	Zellers
Middle Initial	P
Suffix	Jr.

02 Address

Business, Governmental, Home or Postal Address * (?)

Street Address

[redacted]

vince / Region

Telephone * (?)

Telephone Number ###-###-####

03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

Status * (?) Public Employee (Current)

State or County/Local * (?) County/Local

County * (?) Montgomery County

County/Local Entity * (?) **Not Listed**

Other County/Local Entity * (?) County of Montgomery

Position * (?) Director of Commerce

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? *

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession * (?) Director of Commerce

07 Year

Year * (?) 2022

The calendar year for which this form is being filed

08 Real Estate Interests

Are you amending your form as to real estate interests? * No

09 Creditors

Are you amending your form as to creditors? *

No

10 Direct or Indirect Sources of Income

Are you amending your form as to sources of income? *

Yes

Source of Income

Name * (?) County of Montgomery

Address * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

11 Gifts

Are you amending your form as to gifts? *

No

12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? *

No

13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? *

No

14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? *

No

15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to transferals of business interests? *

No

Additional comments or explanations about any of the above sections:

Confirmation *

The undersigned hereby affirms that the foregoing 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).

☑ I Confirm

Signature * (?)

[redacted]

Date

2023-04-27

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COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/23)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

SEE INSTRUCTIONS FOR ADDITIONAL DETAILS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: ZIKOSKI | FIRST NAME: DAVID | MI | SUFFIX

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked.

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☑ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor ☐ Check this box if you are amending an original filing

04 PUBLIC OFFICE OR PUBLIC EMPLOYMENT (i.e. administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A Operations Supervisor

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL BODY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Youth Center

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Operations Supervisor

07 YEAR SEE INSTRUCTIONS

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS involved in transactions with the commonwealth, any of its agencies, or a political subdivision — If NONE, check this box ☑

09 CREDITORS TO WHOM IS OWED MORE THAN $6,500 — If NONE, check this box ☑

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME OF $1,300 OR MORE, including (but not limited to) all employment — If NONE, check this box ☑

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS VALUED AT $250 OR MORE IN THE AGGREGATE — If NONE, check this box ☑

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING OR HOSPITALITY WHERE ACTUAL EXPENSES EXCEEDED $650 IN THE AGGREGATE — If NONE, check this box ☑

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS — If NONE, check this box ☑

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT — If NONE, check this box ☑

Business (Name and Address) Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER — If NONE, check this box ☑

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name [redacted]

The undersigned here[redacted] and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties presc[redacted] to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 3/23/2023

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