

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 A L G A R I N . M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 60 Eagleville Road Norristown Pa. 19164

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

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

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

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

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

A W A R D E N seeking hold held

B

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

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 W A R D E N Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: AT&T Universal Card Address: P.O. Box 19264, Columbus, Ohio Interest Rate: 12.9, 15.9

USA - American Express

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-26-2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 ANTONACIO MARK

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 COURT HOUSE 4TH FL. PO BOX 311 NORRISTOWN PA 19404

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 ASSISTANT DISTRICT ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: N/A Address:

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

Name: MONTGOMERY COUNTY Address:

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

Source of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held Relationship Date Transferred

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

Signature _____ Enter Current Date 4.14.20

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STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A R E N A S A M A N T H A A

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

COUNTY COURTHOUSE 4TH FLOOR P.O. BOX 311 NORRISTOWN PA 19446

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ASSISTANT DISTRICT ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate:

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

Name: MOTNGOMERY COUNTY Address: One Montgomery Plaza, 9th Floor Suite 900, Swede and Airy Streets, P.O. Box 311 Norristown, PA 19404-0311

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

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

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

Signature APRIL 20, 2020 Enter Current Date

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

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B	a	r	n	e	s	T	o	d	d	N	
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02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

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

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

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

Check this block if you are amending an original filing

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

A Assistant DA seeking hold held

B

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

A Montgomery County seeking hold held

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant DA Information in Blocks 6 - 15 represents disclosure for the calendar year listed here: 2020

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

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

Name: College Loan Corporation Address: 10000 W. Charleston Blvd, Las Vegas, NA Interest Rate

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

Name: Montgomery County - Courthouse-4th Floor Address: PO Box 311, Norristown, PA 19404-0311

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

Source of Gift Value of Gift

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

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

Source (Name and Address) 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: Eternal Life Music, Inc., 1227 Markley St. Ntn, PA Address: Director

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

Name and Address of Business Interest Held (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 17 Pa.C.S. § 1109(b), the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature _____ Enter Current Date 4/24/20

THIS FORM IS CONSIDERED VALID ONLY IF IT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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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 District Attorney seeking hold held

B Assistant District Attorney

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 20

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

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

Name: American Express and Dept. of Education Address: U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202

American Express P.O. Box 850448 Dallas, TX 75265-0448

Interest Rate: 12-23 % & 7.5%

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

Name: Montgomery County Address: 2 E Airy St, Norristown, PA 19401

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 law (including but not limited to perjury, false testimony, subornation of perjury, and false information to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 04/21/20

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

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 ELIBRARY AT [HTTP://WWW.ETHICSRULINGS.STATE.PA.US](http://www.ethicsrulings.state.pa.us). 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:

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: Noninees - 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 * (?) eileen w

Last Name * (?) behr

Middle Initial M

Suffix

RECEIVED
STATE ETHICS COMMISSION
JAN 20 11 59 AM '07

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 BOSSARD ELIZABETH A

02 [REDACTED]

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

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

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

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

A OFFICE MANAGER / BOOKKEEPER seeking hold held

B

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

A 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: 2019

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

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

Name: AMERICAN EXPRESS Address: P.O. Box 1270 Newark, NJ 07101 Interest Rate: 15.24

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

Name: Montgomery County Road P.O. Box 311, Norristown, PA 19383 Address: AC Moore - 570 Truiper Rd. Norristown, PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 (penalties for false statements) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date 5-12-2020

THIS FOR

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
B O O T H M A R I S S A A

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
2 East Ivy Street Norristown PA 19401 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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 hold

A ASSISTANT DISTRICT ATTORNEY seeking hold hold

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, township, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Assistant District Attorney Information in Blocks 6 - 15 represents disclosure for the calendar year listed here. 2019

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

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

Name Address

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

Source of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name Address

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Transferee (Name and Address)

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

Signature

Enter Current Date 4/23/2020

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10. Direct or Indirect Sources of Income – supplemental

Name: Villanova University

Address: 789 Lancaster Avenue
Villanova Center, Suite 200
Villanova, PA 19085

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B	R	I	T	T	E	N	B	U	R	G	M	A	T	T	H	E	W	S		
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02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

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

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

A seeking hold held

B ASSISTANT DISTRICT ATTORNEY

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

A MONTGOMERY COUNTY DISTRICT ATT

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ASSISTANT DISTRICT ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: US DEPT OF EDUCATION Address: 400 Maryland Ave. SW Washington, DC 20202 Interest Rate: 0%

DIRECT UNSUB CONSOL LOAN

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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)

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Signature  Enter Current Date 4/26/2020

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STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
Butler TONYA R

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
P.O. Box 311 Norristown PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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 Second Deputy 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 Recorder of Deeds MONTCO

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Second Deputy (Supervisor) Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address:

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

Name: Address:

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

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

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

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

Signature: [Redacted] Enter Current Date 5-13-2020

THIS FORM IS NOW COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Calder Maureen E

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

425 Swede St, Ste 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

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 First Assistant Solicitor

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address:

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

Name: County of Montgomery Address: Norristown PA

Holsten & ASSOC. 15 Olive St Media PA

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

4/7/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Caldwell William F

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

One Montgomery Plaza Suite 600 Norristown PA 19401

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

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

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

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 First Deputy Treasurer seeking hold held

B

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

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Deputy Treasurer Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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

Transferor (Name and Address)

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

Signature: [Redacted] Enter Current Date 3/30/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C a u f f m a n S a m a n t h a L

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 Deputy District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Deputy District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Address:

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

Name: Montgomery County Address:

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

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Transferee (Name and Address)

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

Signature  Enter Current Date 4/24/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C I O C C A C A S E Y E

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

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 hold

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY DISTRICT

B ATTORNEY'S OFFICE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Asst. District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: US DEPT OF EDUCATION & VOLKSWAGEN, PO BOX 3 HILLSBORO, OR 97123
Address: 400 MARYLAND AVE, SW WASHINGTON, D.C. 20202

US DEPT ED Interest Rate 0%

LEASE VOLKSWAGEN

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

Name: MONTGOMERY COUNTY
Address: ONE MONTGOMERY PLAZA 11TH FLOOR PO BOX 311 19404

CIOCCA DEALERSHIPS (SPOUSE) 750 S. WEST END BLVD., QUAKERTOWN 18951

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

Signature _____ Enter Current Date 4/24/2020

THIS FORM IS TO BE COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
C L A R K E M I C H A E L P

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)

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

A S O L I C I T O R
B M E M B E R P M F S S C H O O L C O M M I T T E E

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

A S E E A T T A C H E D
B P M F S S C H O O L C O M M I T T E E

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Attorney 2019

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

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

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

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

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

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject 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: 4/23/2020
THIS FORM IS TO BE 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 – Central Bucks Regional Police Commission-Civil Service
Solicitor – Collegeville Borough-Civil Service
Solicitor – Colonial School District
Solicitor – Conshohocken Borough-Civil Service
Solicitor – Conshohocken Borough Zoning Hearing Board
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
Solicitor – Jenkintown Borough Zoning Hearing Board
Solicitor – Montgomery County Development Corporation
Solicitor – Montgomery County Outside Legal Counsel
Solicitor – Montgomery County Register of Wills/Orphans' Court
Solicitor – Montgomery County Tax Claim Bureau
Solicitor – Morrisville Borough-Civil Service
Solicitor – Narberth Borough-Civil Service
Solicitor – Nockamixon Township
Solicitor – Norristown Area School District
Solicitor – Municipality of Norristown
Solicitor – Municipality of Norristown-Civil Service
Solicitor – Municipality of Norristown Zoning Hearing Board
Solicitor – North Penn School District
Solicitor – North Wales Water Authority
Solicitor – Penndel Borough
Solicitor – Pennsbury School District
Solicitor – Perkasio Borough-Civil Service
Solicitor – Plymouth Elementary PTO
Solicitor – Plymouth Meeting Friends School
Solicitor – Plymouth Township
Solicitor – Schwenksville Borough Authority
Solicitor – Upper Merion Transportation and General Authorities
Solicitor – Upper Perkiomen School District
Solicitor – Whitemarsh Township Authority
Solicitor – William Jeanes Memorial Library

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

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

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

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

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

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

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

B M E M B E R P M F S S C H O O L C O M M I T T E E seeking hold held

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

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

B P M F S S C H O O L C O M M I T T E E

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Attorney information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Address: Interest Rate:

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

Name: Rudolph Clarke, LLC Address: Trevose, PA 19053

County of Montgomery 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 (i.e., officer, director, employee, etc.)

Name: Rudolph Clarke, LLC Address: Trevose, PA 19053 Officer

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

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

Rudolph Clarke, LLC 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 Shareholder-50%

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

Business (Name and Address) Interest Held Relationship Date Transferred

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. §4304 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 4/23/2020

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 – Central Bucks Regional Police Commission-Civil Service
Solicitor – Collegeville Borough-Civil Service
Solicitor – Colonial School District
Solicitor – Conshohocken Borough-Civil Service
Solicitor – Conshohocken Borough Zoning Hearing Board
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
Solicitor – Jenkintown Borough Zoning Hearing Board
Solicitor – Montgomery County Development Corporation
Solicitor – Montgomery County Outside Legal Counsel
Solicitor – Montgomery County Register of Wills/Orphans' Court
Solicitor – Montgomery County Tax Claim Bureau
Solicitor – Morrisville Borough-Civil Service
Solicitor – Narberth Borough-Civil Service
Solicitor – Nockamixon Township
Solicitor – Norristown Area School District
Solicitor – Municipality of Norristown
Solicitor – Municipality of Norristown-Civil Service
Solicitor – Municipality of Norristown Zoning Hearing Board
Solicitor – North Penn School District
Solicitor – North Wales Water Authority
Solicitor – Penn del Borough
Solicitor – Pennsbury School District
Solicitor – Perkasio Borough-Civil Service
Solicitor – Plymouth Elementary PTO
Solicitor – Plymouth Meeting Friends School
Solicitor – Plymouth Township
Solicitor – Schwenksville Borough Authority
Solicitor – Upper Merion Transportation and General Authorities
Solicitor – Upper Perkiomen School District
Solicitor – Whitemarsh Township Authority
Solicitor – William Jeanes Memorial Library

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C	O	R	R	E	I	A													
E	V	A	N																

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

2 E. Airy St. Abristown PA 19401 ()

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

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

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

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

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 20

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

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

Name: Navient, Nelnet, Firstmark/Citizens Bank, AES/PNC Bank Address: Interest Rate: **Varies**

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

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

Name: Address:

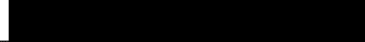
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

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) 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 4/21/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

COP ERIC JJA

02 ADDRESS

[REDACTED]

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

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

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

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

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

A ASSISTANT COUNTY SOLICITOR seeking hold held

B

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

A MONTGOMERY COUNTY SOLICITORS

B OFFICE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

NONE

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

Name: American Educators Assoc. Address: PO Box 1077 Harrisburg PA 17106 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: BISAC Publishing Address: [REDACTED] (OFFICIAL USE ONLY)

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

Source of Gift: NONE Value of Gift: [REDACTED]

Address of Source of Gift: [REDACTED] Circumstances (including description) of Gift: [REDACTED]

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

Source (Name and Address): NONE Value: [REDACTED]

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

Business Entity (Name and Address): Survival Technologies Address: [REDACTED] Position Held (i.e., officer, director, employee, etc.): owner

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

Name and Address of Business: Survival Technologies [REDACTED] Interest Held (i.e., 5%, 10%, etc.): 100%

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

Business (Name and Address): [REDACTED] Transferee (Name and Address): NONE 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. [REDACTED] (authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 3/11/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C R O S S S O S E P H C J R

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

Prothonotary Office 2 South Army St. Nicastota PA 16845 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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 Counter Clerk / Book-keeper seeking hold held

B

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Counter Clerk / Bank Keeper Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

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

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

Name: Address:

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

Name: Address:

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address)

Transferor (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 65 Pa.C.S. § 1094 (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 5-13-20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 DANIELS CHRISTOPHER E

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 PO BOX 311 Norristown PA 19404 (610) 278-5272

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

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

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

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY

seeking hold held

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

A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2020

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

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

Name: Address:

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

Name: Montgomery County Address: Norristown, PA 19409

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Lower Merion Little League Address: PO Box 178 Villanova, PA 19085 Vice-President

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature: [Redacted] Enter Current Date: 4/25/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME DEAL FIRST NAME MICHAEL MI J SUFFIX X

02 ADDRESS off [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 TAX COLLECTOR seeking hold held

B [REDACTED]

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

A LOWER PROVIDENCE TWP MONTGOMERY CTY

B METHACTON SCHOOL DISTRICT

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

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Greensky Service Finance Co. Address: P.O. Box 2153 Birmingham, AL 35287 Interest Rate: 4.99%

P.O. Box 645672 Cincinnati, OH 45264 24.99%

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 Lower Providence Township Address: 100 Parklane Dr, Eagleville, PA 19403

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

Source of Gift [REDACTED] Value of Gift [REDACTED]

Address of Source of Gift [REDACTED] Circumstances (including description) of Gift [REDACTED]

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

Source (Name and Address) [REDACTED] Value [REDACTED]

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

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

Name: [REDACTED] Address: [REDACTED]

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

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

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

Business (Name and Address) [REDACTED] Interest Held Relationship Date Transferred [REDACTED]

Transferee (Name and Address) [REDACTED]

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

Signature [REDACTED] Enter Current Date 4/27/2020

THIS FORM IS NOW COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

DIELLIO DIANNA

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

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

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

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

A First Deputy 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 Recorder of Deeds

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

First Deputy Information in Blocks 6 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: see attached Address: _____ Interest Rate _____

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

Name: Montgomery County Address: 425 Swede Street Norristown, PA 19401

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

Source of Gift _____ Value of Gift _____

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

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

Source (Name and Address) _____ Value _____

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) _____ Name: _____ Address: _____

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Trust Held (i.e., 5%, 10%, etc.)

Name and Address of Business _____

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

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

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

Signature _____ Enter Current Date 5/15/2020

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

09 Creditors Attachment

Navient

P.O. Box 9533

Wilkes-Barre, PA 18773-9533

4.0%

Honda Financial Services

P.O. Box 7829

Philadelphia, PA 19101-7829

4.4%

Chase Card Services

P.O. Box 6294

Carol Stream, IL 60197-6294

10.5%

Santander Bank

824 North Market Street, Suite 100

Wilmington, DE 19801

6.99%

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 D O R A Z I O M A R T H A A

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 60 Eagleville Rd Eagleville PA 19403

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 WARDEN seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 ASSISTANT WARDEN Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Interest Rate
 Name: American Education Services Address: Baltimore MD 2.875%

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature

Enter Current Date

02/21/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 DRESHER RICHARD J MR

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

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 MONTCO BOARD OF PRISON INSPECTORS
SECRETARY seeking hold held

B

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

RETIRED Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

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

NONE

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

Name: Address: Interest Rate:

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

Name: MONTGOMERY COUNTY Address: NORRISTON (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 3-17-20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
FAIRLIE KAREN D

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
One Montgomerystown, PA 17004 1010 1228-3033

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Assistant Solicitor information in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

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

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

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

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 is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties provided for in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature: Enter Current Date: April 29, 2020
THIS STATEMENT IS VOID IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

APR 29 2020 11:19

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
FAIRLIE KAREN D

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
One Montgomery Plaza P.O. Box 311 Norristown PA 19104 (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
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, township, etc.)
A COUNTY OF MONTGOMERY
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Assistant Solicitor Information in Blocks 9 - 15 represents disclosure for the calendar year listed here: 2019

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

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

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

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 provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature: [Redacted] Enter Current Date: April 29, 2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FACIN FIRST NAME ROBERT MI M SUFFIX

02 ADDRESS office (business or governmental) or home 2 E. Airy City Norristown State PA Zip Code 19381 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 block or blocks; more than one block may be marked. (See instructions on page 2)

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

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

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

A DEPUTY DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS. Informant in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

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

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

Name American Education Services Address 1200 N. 7th St. Harrisburg PA 17102 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 Montgomery County Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 62 Pa.C.S. 1104 (misinformation to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 1109(b).

Signature [Redacted] Enter Current Date 4/28/20

THIS FORM IS CONSIDERED VALID ONLY IF IT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	F A N C H E R	R O D E R I C K	M	3 d

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 2 E. Airy St., PO Box 311, Courthouse-4th Fl, Norristown, PA 19404-0311 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		

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

A Assistant District Attorney

B

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS.
 Information in Blocks 8 -15 represents disclosure for the calendar year listed here: **2019**

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Rate
Name: _____ Address: _____	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name: Montgomery County Address: _____	

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
Source of Gift _____	_____
Address of Source of Gift _____	Circumstances (Including description) of Gift _____

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value
Source (Name and Address) _____	_____

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address) _____	
Name: _____ Address: _____	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business _____	

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred
Business (Name and Address) _____	
Transferee (Name and Address) _____	

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

Signature _____

Enter Current Date **4/14/2020**

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F	e	r	l	e	g	e	r													
M	e	r	e	d	i	t	h													

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

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

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

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

A S o l i c i t o r seeking hold held

B [REDACTED]

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

A M o n t g o m e r y C o u n t y T r e a s u r e r O f f i c e

B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

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: Mercedes Benz Financial Services	Address: PO Box 685, Roanoke TX 76262	Interest Rate
Lexus Financial Services	PO Box 15012, Chandler AZ 85244	N/A Vehicle Leases

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.

Upper Dublin Twp, 801 Loch Aish Ave, Ft. Washington PA 19034	Neff & Sedacca	(OFFICIAL USE ONLY)
Pritzker Law Group, 1635 Market Street, Suite 1600 Phila PA	1845 Walnut St, Suite 300 Phila PA	
Dilworth Paxson LLP, 1500 Market Street, Suite 3500E, Phila PA	Law Off. Jon Taylor	
Century 21 201 Yorktown Plaza, Elkins Park PA	1617 JFK Blvd, Suite 1838 Phila PA	

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

Source of Gift	Value of Gift
[REDACTED]	[REDACTED]
Address of Source of Gift	Circumstances (including description) of Gift
[REDACTED]	[REDACTED]

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

Source (Name and Address)	Value
[REDACTED]	[REDACTED]

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	Employee
Address: 1500 Market Street, Suite 3500E, Phila PA 19102	

14 FINANCIAL INTEREST IN 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.)
[REDACTED]	[REDACTED]

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)	[REDACTED]	[REDACTED]	[REDACTED]

The undersigned hereby affirms that the foregoing information is 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 4/24/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F i s c h e r L a u r e n N

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

2 E. Airy St Norristown PA 19401

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

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

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

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

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Philadelphia Federal Credit Union Address: 12800 Townsend Rd. Phila., PA 19154 Interest Rate: 2.49%

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

Name: ABRA Auto Body & Glass Address: 309 Cherry St. Phila., PA 19107

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: Notary Public - Lauren N. Fischer Address: [Redacted] Owner/Self-Employed

14 FINANCIAL INTEREST IN 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

Transferor (Name and Address)

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

Enter Current Date 4/16/20

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Statement of Financial Interest – Lauren N. Fischer

9. Creditors

Oklahoma Student Loan Authority (OSLA)
P.O. Box 18475. Oklahoma City, OK 73154-0475

1. \$5.840%
2. 5.840%
3. 5.310%
4. 5.310%
5. 6.00%
6. 6.60%

10. Direct or Indirect Source of Income

1. PA Dept. of Labor & Industry Office of Unemployment Compensation –
2. Patrick Crouthamel – 4116 Merrick St. Phila., PA 19128

2018
2019
2020
2021
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2050

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

F R A M E S C O T T F

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

2 East Arq St, 4th Floor Norristown PA 19304 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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 hold

A ASSISTANT DISTRICT ATTORNEY seeking hold hold

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, township, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Bank of America, Discover, Chase Address: Interest Rate: 0.0%

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

Name: Montgomery County Address: (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 65 Pa.C.S. § 1106(a) (qualification to authorities); and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1106(b).

Signature: [Redacted] Enter Current Date: 4/10/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 G a l l a g h e r B R i d g e t C

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 District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 2 0

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

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

Name: PSECU Address: PO Box 67013 Harrisburg, PA 17106 Interest Rate: 3.74

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

Name: Montgomery County Address: Norristown PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) 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 48 Pa.C.S. § 1204 (penalties for falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature  Enter Current Date 4/23/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GAWRONSKI JOSEPH C.

02 ADDRESS (Street, P.O. Box, etc.) City State Zip Code Phone

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

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

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

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

Check this block if you are amending an original filing

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

A ASSISTANT 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, township, 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: 2020

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

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

Name: SEE ATTACHED Address: Interest Rate:

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

Name: MONTGOMERY COUNTY Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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: 4/22/2020

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

Creditors Addendum, 2020

Federal Student Loans

Total: \$202,777.46
Interest Rate: Varied- see below
Servicer: FedLoan Servicing
P.O. Box 69184
Harrisburg, PA 17106-9184

1. Unsubsidized Loan
DREXEL UNIVERSITY
Philadelphia, PA
INTEREST RATE
5.31%
TOTAL BALANCE
\$24,226

2. Graduate PLUS Loan
DREXEL UNIVERSITY
Philadelphia, PA
INTEREST RATE
6.31%
TOTAL BALANCE
\$20,586

3. Unsubsidized Loan
DREXEL UNIVERSITY
Philadelphia, PA
INTEREST RATE
5.84%
TOTAL BALANCE
\$25,790

4. Graduate PLUS Loan
DREXEL UNIVERSITY
Philadelphia, PA
INTEREST RATE
6.84%
TOTAL BALANCE
\$11,280

5. Graduate PLUS Loan
DREXEL UNIVERSITY
Philadelphia, PA

2020 APR 10 10 11 AM '20

INTEREST RATE

6.84%

TOTAL BALANCE

\$5,403

6. Unsubsidized Loan
DREXEL UNIVERSITY
Philadelphia, PA

INTEREST RATE

6.21%

TOTAL BALANCE

\$27,414

7. Graduate PLUS Loan
DREXEL UNIVERSITY
Philadelphia, PA

INTEREST RATE

7.21%

TOTAL BALANCE

\$15,307

8. Graduate PLUS Loan
DREXEL UNIVERSITY
Philadelphia, PA

INTEREST RATE

7.21%

TOTAL BALANCE

\$5,719

9. Unsubsidized Loan
AMERICAN PUBLIC UNIVERSITY SYSTEM
Charles Towne, WV

INTEREST RATE

3.86%

TOTAL BALANCE

\$9,270

10. Subsidized Loan
AMERICAN PUBLIC UNIVERSITY SYSTEM
Charles Towne, WV

INTEREST RATE

3.86%

TOTAL BALANCE

\$5,169

11. Subsidized Loan

01/20/2020 10:00 AM

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

3.40%

TOTAL BALANCE

\$5,664

12. Unsubsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

6.80%

TOTAL BALANCE

\$6,072

13. Unsubsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

6.80%

TOTAL BALANCE

\$4,091

14. Unsubsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

6.80%

TOTAL BALANCE

\$9,075

15. Subsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

3.40%

TOTAL BALANCE

\$4,634

16. Unsubsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

6.80%

TOTAL BALANCE

\$9,341

17. Subsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

3.40%

TOTAL BALANCE

\$4,556

18. Unsubsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

6.80%

TOTAL BALANCE

\$5,623

19. Subsidized Loan

AMERICAN PUBLIC UNIVERSITY SYSTEM

Charles Towne, WV

INTEREST RATE

4.50%

TOTAL BALANCE

\$3,558

Private Student Loan

Total: \$11,242.37

Interest Rate: 3.75%

Servicer: Sallie Mae

P.O. Box 3319

Wilmington, DE 19804-4319

Auto Loan

Total: \$26,191.55

Interest Rate: 5.99%

Lender: Capital One Auto Finance

P.O. Box 60511

City of Industry, CA 91716

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G I A M P O R C A R O S H A R O N

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

P.O. Box 311 NORRISTOWN PA 19003 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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 hold

A DEPUTY DISTRICT ATTORNEY seeking hold hold

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

DEPUTY DISTRICT ATTORNEY Information in Blocks 6 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate:

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

Name: MONTGOMERY COUNTY Address: P.O. Box 311 NORRISTOWN, PA 19004

(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. 54904 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 1109(b).

Signature: [Redacted] Enter Current Date: 5/14/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 G l e n n i n g G a b r i e l l a E

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 2 E. Airy Street, Norristown, PA, 19405 (610) 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 block or blocks (more than one block may be marked. (See instructions on page 2))

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

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

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Nelnet (Student Loan Servicer) Address: P.O. Box 82561, Lincoln, NE 68501-2561 Interest Rate: See Attachment

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: 2 E. Airy Street, Norristown, PA 19405

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

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

Signature

Enter Current Date

4/20/20

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

Statement of Financial Interests – Gabriella Glenning

9. Creditors:

Nelnet Student Loan Servicer

P.O Box 82561, Lincoln, NE 68501-2561

Interest Rate Per Group:

- A. 3.4%
- B. 6.8%
- C. 3.86%
- D. 4.66%
- E. 4.66%
- F. 4.29%
- G. 4.29%
- H. 6.31%
- I. 5.31%
- J. 3.86%
- K. 7%
- L. 6%
- M. 7.6%
- N. 6.6%

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

G	O	L	D	S	T	E	I	N	C	A	R	O	L	I	N	E	R	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

PO Box 311, Montgomery County Courthouse, Norristown PA 19401-0278 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ASSISTANT DISTRICT ATTORNEY Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate

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

Name: MONTGOMERY COUNTY Address: PO BOX 311, NORRISTOWN PA 19401

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

Signature: [Redacted] Enter Current Date: 4/16/20

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

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	G r a d e l	J o h n	N	

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
	MontCo District Atty - PO Box 311	Norristown	Pa	18954	610	278-3134

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 <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

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

Same

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: _____ Address: _____ Interest Rate _____

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

Name: Montgomery County-Courthouse-4th Floor Address: Norristown, PA 19404-0311

PO Box 311

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

Signature _____ Enter Current Date 4/30/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 H E R O N L A U R E N I

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 Courthouse - 4th Fl. Norristown PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on 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 (paid off 2020)	Address: PO Box 2461, Harrisburg, PA	Interest Rate: 7.125%
American Heritage FCU (beginning 1st 2020)	2060 Red Lion Road, Phila. PA	4.24%

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

Name: Montgomery County, PA Address:

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

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

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

Source (Name and Address)	Value
---------------------------	-------

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

Business Entity (Name and Address) Position Held (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 _____ Enter Current Date 4/24/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **HIGHLAND** FIRST NAME: **UTCLIAM** MI: **H** SUFFIX:

02 ADDRESS office (business or governmental) or home: **2 East Hwy Street** City: **Narrows** State: **PA** Zip Code: **19404** Area Code: **(610)** Phone: **278-3240**

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

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

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

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

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

A **Assistant District Attorney**

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

A **Montgomery County**

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

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: **2019**

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

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

Name: **See Attached** Address: Interest Rate:

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

Name: **Montgomery County** Address: **2 East Hwy St, Narrows 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 (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 (punishment for falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: **[Redacted]** Enter Current Date: **4/23/2020**

THIS FOR **[Redacted]** COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Creditors:

Wells Fargo
930 Harvest Dr #200, Blue Bell, PA 19422

Interest Rate: 4.99%

Nelnet Student Loans
P.O. Box 82561, Lincoln, NE 68501-2561

Interest Rate: 5.65%

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
HOPKINS ELLEN J

02 ADDRESS (Street, City, State, Zip Code, Apartment, P.O. Box, etc.)
[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) D Public Employee (Current) E Check this block if you are filing as a solicitor
F Public Official (Former) G Public Employee (Former) H Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A BOOKKEEPER MONTGOMER COUNTY
B

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Same as above Information in Blocks 6 - 15 represents disclosure for the calendar year listed here: 2019

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Name: CACH, LLC Address: PO Box 109032 Chicago, IL 60610 Interest Rate

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

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

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

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

14 FINANCIAL INTEREST IN 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) 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 (criminal falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [REDACTED] Enter Current Date 5/14/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 H u g h e s G a b r i e l l e C

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

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

Check this block if you are amending an original filing

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

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: 2019

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

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

Name: Toyota Financial; Great Lakes; Wells Fargo Address: Parsippany, NJ; W. Deptford, NJ; San Francisco, CA

Interest Rate: N/A; 5.41-7.21; 10.49-10.74

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

Name: Montgomery County Address: Norristown, PA

(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 4/24/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

HEUGELER LAUNTON A

02 ADDRESS office (business or governmental) or home City

1000 Pennsylvania State Office Building Harrisburg

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 SECRETARY

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, township, etc.)

A MONTGOMERY COUNTY

B

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

Assistant Secretary

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

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

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

Name: Bank of America Address: P.O. Box 15019, Harrisburg, PA 17105 Interest Rate: 2%

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

Name: Address:

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

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

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

Source (Name and Address): Value:

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

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

14 FINANCIAL INTEREST IN 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): 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: 3/31/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
JAPPE ADRIENNE D

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
Montgomery County D.A.'s Office Norristown PA 19401 (610) 278-3104

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT DEALS WITH SOCIAL SECURITY NUMBERS, EMPLOYER IDENTIFICATION NUMBERS,

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A Assistant District Attorney
B

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by law (relating to perjury and to the furnishing of false information to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature: [Redacted] Enter Current Date: 4/24/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

KING JESSE S

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

2 East Airy Street Norristown PA 19104

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

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

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

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

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

A DEPUTY DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Deputy District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate

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

Name: Montgomery County Address: Norristown PA

Academy of New Church Bryn Athyn 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: 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. Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 4-13-20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

K	O	N	O	V	A	L													
S	T	A	N	L	E	Y								J					

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 District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 law (relating to perjury and to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [Redacted] Enter Current Date 4/24/20

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

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT "NEATLY"

01 LAST NAME FIRST NAME MI SUFFIX
K O N O V A L V A N E S S A N

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
2 East 7th St. Norristown PA 19104 [REDACTED]

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A 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, township, etc.)
A MONTGOMERY COUNTY
B BUCKS COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as Block A1) 07 YEAR. SEE INSTRUCTIONS.
Assistant District Attorney Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: County of Bucks Address: County of Montgomery PO Box 311, Norristown, PA 19404

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

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

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box. Interest Held Relationship
Business (Name and Address) Name: 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. 5109(a) (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date 4/24/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
K u l l G w e n d o l y n M

02 ADDRESS office (business or governmental) or home
2 EARY 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

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

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Fedloan Servicing Address: PO Box 790234 St. Louis MO 63179 Interest Rate: 6%

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

Name: Montgomery County Address: PO Box 311 Norristown PA 19404 (OFFICIAL USE ONLY)

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

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

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

Source (Name and Address) Value

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

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

14 FINANCIAL INTEREST IN 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) Transferee (Name and Address) Interest Held Relationship Date Transferred

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

Signature: [Redacted] Enter Current Date: 04/11/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L	A	T	Z	E	R	S	T	E	V	E	N	J	
---	---	---	---	---	---	---	---	---	---	---	---	---	--

02 ADDRESS office (business or governmental) or home *City* State Zip Code

P.O. Box 311 *Norristown PA* [Redacted]

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

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

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

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

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

A D E P U T Y D I S T R I C T A T T O R N E Y

seeking hold held

B

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

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

DEPUTY DISTRICT ATTORNEY Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Address:

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

Name: Montgomery County, PA Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Signature [Redacted] Enter Current Date 4/16/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L A V E N B E R G D O U G L A S H

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

P.O. Box 311, Norristown PA 19104

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking held 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, township, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Fed Loan Servicing Address: P.O. Box 69184, Harrisburg, PA Interest Rate: 7.05%

AES (American Education Services) P.O. Box 2461, Harrisburg, PA 17105 6.8%

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

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

Thomas Buc Review 320 W. Ohio St, Suite 400, Chicago, IL

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

Transferor (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. 5490A (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 51106(b).

Signature: [Redacted] Enter Current Date: 4/13/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
LEVINE BARBASH ALISA R

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
ONE Montgomery PLAZA Norristown PA 19404 (610) 278-3033

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

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Interest Rate
Name: Great Lakes Educational Loan Services Address: 2401 International Lane Madison WI 53714 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. (OFFICIAL USE ONLY)
Name: Address: 2020 APR 11: 3:30

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

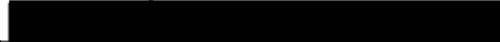
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
Source (Name and Address):

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address): Transferor (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 4-15-20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

L L O Y D K E L L Y S

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

P.O. Box 311, Norristown PA 19401 6102783090

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY DA'S OFFICE

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS

ASSISTANT DISTRICT ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here. 2 0 1 9

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

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

Name: Direct Loans P.O. Box 69184, Harrisburg PA 17106 Interest Rate: 7.125%, 0.0%

Wells Fargo Financial 800 Walnut St., Des Moines IA 50309

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 P.O. Box 311, Norristown PA 19401

Rosemont College 1400 Montgomery Ave., Bryn Mawr PA 19010

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

Signature _____ Enter Current Date 04/13/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 LUPINACCI TONYA

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 Montgomery County District Attorney NORRISTOWN PA 19401 610 278-3091

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant District Attorney Information in Blocks 6-15 represents disclosure for the calendar year listed here: 2019

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

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

Name: MASTERCARD UPROMISE Address: NAVIENT School Loans
 WILMINGTON, DELAWARE WILKS-BARE, PA 6190

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: Nex Level Fitness Address: 3342 LIMEKIN PIKE
 CHALFONT, PA 18914

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 48 Pa.C.S. §4904 (unenforceable forfeiture to the public) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

4/29/19

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **LYNCH** FIRST NAME **JOANN** MI **T** SUFFIX

02 ADDRESS [REDACTED]

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

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

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

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

A **EXEC. ASST. TO PROTHONOTARY**

B seeking hold held

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

A **COUNTY EMPLOYEE**

B

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

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: **2019**

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

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

Name: Address: Interest Rate:

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

Name: **JAMES LYNCH** [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): Name: Address: Position Held (i.e., officer, director, employee, etc.):

14 FINANCIAL INTEREST IN 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): 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 63 Pa.C.S. §1109(b) (Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)).

Signature: [REDACTED] Enter Current Date **5-14-20**

THIS FORM IS [REDACTED] IF ANY SECTION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

MARLIER - - - - - NOAH - - - - - - - -

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

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 hold

A PROTHONOTARY MONTGOMERY COUNTY

seeking hold hold

B [REDACTED]

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

A SEE ADDENDUM

B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ATTORNEY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: SEE ADDENDUM Address: Interest Rate:

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

Name: SEE ADDENDUM Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 5/7/20

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

Statement of Financial Interests Addendum

5. Governmental Entity

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

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%

10. Direct or Indirect Sources of Income

Rudolph Clarke, LLC

7 Neshaminy Interplex
Suite 200
Trevose, PA 19053

Hamburg Rubin Mullin Maxwell & Lupin, P.C.

375 Morris Road
Lansdale, PA 19446

Montgomery County (PA) Clerk of Courts
PO Box 311
Norristown, PA 19404

Thomas Jefferson University Hospitals Inc.
1020 Walnut Street
Philadelphia, PA 19107

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M A R L I E R - - - - - N O A H - - - - - - - -

02 ADDRESS office (business or governmental) or home City State Zip

[REDACTED]

DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

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

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

Check this block if you are amending an original filing

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

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

B

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

A S E E A D D E N D U M

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS

ATTORNEY

Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: SEE ADDENDUM Address: Interest Rate

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

Name: SEE ADDENDUM Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 5/7/20

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

Statement of Financial Interests Addendum

5. Governmental Entity

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

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%

10. Direct or Indirect Sources of Income

Rudolph Clarke, LLC

7 Neshaminy Interplex

Suite 200

Treose, PA 19053

Hamburg Rubin Mullin Maxwell & Lupin, P.C.

375 Morris Road

Lansdale, PA 19446

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M a r v e l L a u r e n E

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

2 E. Airy St. Norristown PA 19401 (610) 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 block or blocks, more than one block may be marked, (See instructions on page 2)

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

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

Check this block if you are amending an original filing

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

A Assistant District Attorney seeking hold held

B

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

A Montgomery County

B

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

Same as block 4

07 YEAR SEE INSTRUCTIONS
Information in Blocks 6-15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: U.S. Dept. of Ed. Address: P.O. Box 790234, St. Louis, M.O., 63179 Interest Rate: 0% (temporary)

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

Name: Montgomery County Address: (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 (e.g., officer, director, employee, etc.)

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

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

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

Recipient (Name and Address) Interest Held Relationship Date Transferred

I have signed here by affirming that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. 54904 (unlawful disclosure of confidential information) and Employee Ethics Act, 66 Pa.C.S. 5116(c).

Signature: Lauren Marvel

Enter Current Date: 4/23/20

THIS FORM IS CONSIDERED INVALID UNLESS ALL INFORMATION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 M A T E J A T A Y L O R M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 One Montgomery Plaza P.O. Box 311 Norristown PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

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

B

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

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Second Deputy Treasurer Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: See Attachment Address:

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

Name: See Attachment Address:

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address)

Transferee (Name and Address)

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

Signature _____ Enter Current Date _____

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

Taylor M. Mateja

2019 Statement of Financial Interests – Attachments

9. CREDITORS

- a. Lendkey, 4445 Lake Forest Drive, Wilmington, OH 45242, 2.00%
- b. Nelnet, 121 South 13th Street, Lincoln, NE 68508 3.150% - 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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

McCann Edward F Jr

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

Montgomery County DMO PO Box 311, Court House, 4th Fl. Norristown, PA (610) 276-3100

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

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

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 First Assistant District Atty

seeking hold held

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

A Montgomery County

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

First Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

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

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

Name: see attached sheet Address: NetNet Loans - 7.66%
Capital One Mastercard - 15.65% 6.31%

Interest Rate

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

Name: Montgomery County DMO Address: Springside Chestnut Hill HS
Temple Beasley School of Law Baratta & Russell (wife's job)

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 _____ Enter Current Date 4-30-20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 MCGOLDRICK THOMAS W

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 MONTGOMERY COUNTY COURTHOUSE, PO BOX 311, NORRISTOWN, PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A DEPUTY DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 DEPUTY DISTRICT ATTORNEY Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: AES (STUDENT LOANS) Address: 6.5%

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

Name: MONTGOMERY COUNTY DA'S OFFICE Address: P.O. BOX 311, NORRISTOWN, PA 19404

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

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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 4/29/20

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

01 LAST NAME FIRST NAME MI SUFFIX
M C G u c k i n R o b e r t

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 Commissioner Ward 7 Wiper, Dublin
 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 Upper Dublin Twp
B Montgomery County Sheriff

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

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

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

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

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business
McGuckin Strategies, LLC 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 in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 5/3/2020

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

ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS

May 5, 2020

Robert H. McGuckin
[REDACTED]

- 9) a) Citadel, PO Box 650, Exton, PA 19341 (3.09%)
b) Wells Fargo, PO Box 25341, Santa Ana, CA 92799 (2.9%)
- 10) a) Tilson, 5 E. 1st Ave., Clifton NJ 07011
b) On The Ball Training, [REDACTED]
c) Upper Dublin Township, 801 Loch Ash Ave., Ft. Washington, PA 19034
d) Montgomery County Sheriff, PO Box 311, Norristown PA 19404
g) McGuckin Strategies, LLC, [REDACTED]
h) The Law offices of Robert H. McGuckin, [REDACTED]
i) Soap Mammals LL, [REDACTED]
j) Rodan +Fields, 60 Spear Street, Suite 600, San Francisco, CA 94105
- 13) a) Tilson, Attorney/Sr. Site Acquisition Manager, 5 E. 1st Ave., Clifton NJ 07011
b) OMEGA Commercial Real Estate, Inc., Associate Broker, 485 Devon Park Drive, Suite 110, Wayne PA 19087.
c) Upper Dublin Township, Ward 7 Commissioner, 801 Loch Ash Ave., Ft. Washington, PA 19034
d) Montgomery County Sheriff, Solicitor, PO Box 311, Norristown PA 19404
g) McGuckin Strategies, LLC, Principal, [REDACTED]
h) The Law offices of Robert H. McGuckin, Attorney, [REDACTED]
PA 19002

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M c L a u g h l i n K a t h l e e n A

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 District Attorney seeking hold held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Navient Student Loans Address: PO Box 9635, Wilkes-Barre, PA 7.375

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

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

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name Address

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature _____ Enter Current Date 4-23-2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 M C H E N A M , N C A R A M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 4TH Floor Montgomery City Courthouse Norristown PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT DISTRICT ATTORNEY seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Asst. District Attorney Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2020

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

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

Name: Address:

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

Name: Montgomery County Address: Norristown, PA

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

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address) Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in 17 P.S. § 1104 (as amended) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 4/25/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
MILLS LINDSEY T

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
2 East Airy St Norristown PA 19401 (610) 278-3090

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

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Assistant District Attorney Information in Blocks 6 - 15 represents disclosure for the calendar year listed here 2020

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name MONTGOMERY COUNTY Address 2 EAST AIRY NORRISTOWN
DAIRY FARMER'S OF AMERICA KANSAS CITY, MO

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

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

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business

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 4/13/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M o y e r D a n t o n L

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

2 E Airy Street Norstown PA 19401 (610) 278 3150

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

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

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

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

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

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

B

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

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. P.O. Box 82561 Interest Rate

Name: U.S. Department of Education Address: Lincoln, NE 68501-2561 5.3%, 6%, 6.6%

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)


Name and Address of Business

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 17 P.S. § 1104 (a) and (b) (relating to perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature  Enter Current Date 4/13/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 MURRAY MARK S MA

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 60 Eagleville Rd Eagleville Pa 19403

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 Administrator seeking hold held

B

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

A Montgomery County Correctional Facility

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Assistant Warden Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2020

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

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

Name: Address:

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

Name: Montgomery County Address: 60 Eagleville Rd Eagleville Pa 19403

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Montgomery County Address: 60 Eagleville Rd Eagleville Pa Asst Warden

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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 2/25/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

NEWCOMER PHILIP W

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

Montgomery County Solicitor's Office, PO Box 311, Norristown, PA 19404-0311 (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 CHIEF OF LITIGATION

B

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

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Wells Fargo Dealer Services Address: PO Box 25841, Santa Ana, CA 92799 Interest Rate: 2.9%

Name: Nissan Motor Acceptance Corp. Address: PO Box 742658, Cincinnati, OH 45274 Interest Rate: 4.29%

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

Name: County of Montgomery Address: PO Box 311 Norristown, PA 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 (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  Enter Current Date 3/11/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 P h i l l i p s B r i a n O

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 OMP, 425 Swede St., Ste. 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, township, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

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

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

Name: American Education Services Address: P.O. Box 65093
 Baltimore, MD 21264 5%

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

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

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

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name Address

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

4/28/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

PIATKOWSKI TRACY S

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

PO Box 311, Courthouse, 4th Floor, Norristown, PA 19404-0311

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

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

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

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

Check this block if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY

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 DISTRICT ATTORNEY'S OFFICE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: DBEAG (Administered by Nelnet) Address: PO Box 2970, Omaha, NE 68103-2970 Interest Rate: 1.625%

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

Name: Montgomery County District Attorney's Office Address: PO Box 311, Courthouse, 4th Floor, Norristown, PA 19404-0311

(OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 (untrue certification to public office) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 4.23.20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	P R I C E	J A M E S	E	I I

02	ADDRESS office (business or governmental) or home 2 E. Airy St.	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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

Check this block if you are amending an original filing

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

A A S S I S T A N T D I S T R I C T A T T O R N E Y

seeking hold held

B

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

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

B

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

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: **2 0 1 9**

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	Interest Rate
Name: US Dept. of Education Address: P.O Box 790234 Harrisburg, PA 17106	6.75%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name: Montgomery County Address:	

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

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

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

Source (Name and Address)	Value
---------------------------	-------

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

Business Entity (Name and Address)	Position Held (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
Transferee (Name and Address)	Relationship
	Date Transferred

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

Signature _____ Enter Current Date 4/24/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

D. A. LUCY

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

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

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

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

A Assistant District Attorney seeking hold held

B

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

A District Attorney Office

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: 2019

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

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

Name: Address:

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

Name: Address:

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

Source of Gift Value of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

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

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

Signature [REDACTED] Enter Current Date 4/20/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

21 LAST NAME: Q U R E S H I FIRST NAME: F U R R A H MI: J SUFFIX:

22 ADDRESS (office (business or governmental) or home):
 Montco Courthouse, 2 F Airy St City: Norristown State: PA Zip Code: 19401 Area Code: 610 Phone: 278 3138

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

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

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

B Nominee G Public Official (Former) F Public Employee (Former)

24 PUBLIC POSITION OR PUBLIC OFFICE (administrative number, Congressional job title, etc.): seeking hold held

A Assistant District Attorney seeking hold held

25 GOVERNMENTAL ENTITY in which you are an Official Employee, Candidate or Nominee to a local agency authority, through direct connection, directly or indirectly, hold, etc.:

A Montgomery County

26 OCCUPATION OR PROFESSION (This may be the same as Block 24): Assistant District Attorney

27 YEAR: SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

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

29 CREDITORS (See instructions on page 2). Creditor Name and Address: Department of Education Federal Servicing

IF NONE, check this box:

Address: PO Box 790234 St. Louis, MO 63179

Interest Rate:

30 DIRECT OR INDIRECT SOURCES OF INCOME (including but not limited to) all employers: (See instructions on page 2) ONLY IF NONE, check this block:

Source: Address:

OFFICIAL USE ONLY:

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

Source of Gift: Value of Gift:

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

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

Block Name and Address: Value:

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

Business Entity Name and Address: Position Held (if other than director, etc.):

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

Name and Address of Business: Interest Held (S, P, M, etc.):

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

Transferor Name and Address: Recipient Name, 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. § 6304 (criminal falsification) to authorities and the Public Official and Employee Ethics Act, 65 Pa. C.S. 2110(a)(2).

Signature: [Redacted] Enter Current Date: 4/24/20

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

REED DAVID T M/D

02 ADDRESS (Street, Apt., P.O. Box, etc.) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

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

A MEMBER BOARD OF PRISON INSPECTORS

seeking hold held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

PHYSICIAN (RET.) Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2020

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

NONE

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

Name: NONE Address:

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

Name: NONE Address:

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

Source of Gift

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

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

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

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

Business (Name and Address)

Transferee (Name and Address)

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

Signature [REDACTED] Enter Current Date FEB 19, 2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

REILLEY TACY P



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

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

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

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

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

A OFFICE MANAGER / BOOKKEEPER

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Office Manager / Bookkeeper Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: The Huntington National Bank Address: P.O. Box 182519 Columbus, OH 43218-2519 Interest Rate: 2.79%

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

Signature _____ Enter Current Date 5-11-2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

SALUS JASON E

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

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 TREASURER seeking hold held

B DIRECTOR seeking hold held

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

A MONTGOMERY COUNTY

B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Montgomery County Treasurer Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

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

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

Name: SEE ATTACHED Address: _____

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

Name: SEE ATTACHED Address: _____

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

Source of Gift _____

Address of Source of Gift _____

Circumstances (including description) of Gift _____

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

Source (Name and Address) _____

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) _____

Name: SEE ATTACHED Address: _____

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business _____

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

Business (Name and Address) _____

Transferee (Name and Address) _____

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

Signature _____ Enter Current Date 4/28/20

THIS FORM IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Attachment to Statement of Financial Interests

for Jason E. Salus

Year: 2019

4. C. Hold: Member

5. C. Pennsylvania 529 Tuition Account Program Advisory Board

9.
 - 1) Navient, P.O. Box 9533, Wilkes-Barre PA 18773, 6.375%
 - 2) WSFS Bank, 500 Delaware Avenue, Wilmington, DE 19801, 4.625%
 - 3) Shellpoint Mortgage Servicing, P.O. Box 51850, Livonia, MI 48151-5850 6.75%
 - 4) Fifth Third Bank, P.O. Box 630412, Cincinnati, OH 45263-0412, 3.625%
 - 5) Citicard, P.O. Box 183113, Columbus OH 43218-3113, 13.24%
 - 6) Subaru Motors Finance, P.O. Box 78101, Phoenix, AZ 85062-8101, 1.49%

10.
 - 1) Montgomery County, P.O. Box 311, Norristown PA 19404
 - 2) Property Lease – [REDACTED]
 - 3) Property Lease – [REDACTED]
 - 4) Vanguard Health Care Mutual Fund
 - 5) Cohen Partners LLC, 1601 Walnut Street, Suite 522, Philadelphia PA 19102
 - 6) Interboro School District, 900 Washington Ave, Prospect Park, PA 19076

13.
 - 1) Montgomery County, P.O. Box 311, Norristown PA 19404
 - 2) The Montgomery County Employees' Retirement Board, P.O. Box 311, Norristown PA 19404 – Director
 - 3) Pennsylvania 529 Tuition Account Program Advisory Board, 129 Finance Building, Harrisburg PA 17120 - Member
 - 4) Montgomery County Industrial Development Authority, 104 W. Main Street, Suite #2, Norristown PA 19401 - Director
 - 5) Cohen Partners LLC, 1601 Walnut Street, Suite 522, Philadelphia PA 19102 - Producer

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S c h i f f B r i a n n a L

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 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 District Attorney's Office

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: US DEPT OF ED Address: PO BOX 6984, HARRISBURG, PA Interest Rate: 6.375

FED LOAN SERVICING

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: MONTOMERY COUNTY DA'S OFFICE Address: PO BOX 311, NORRISTOWN PA

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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  Enter Current Date April 23, 2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S I S L E R K A R L E Y

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

PO BOX 311 Norristown, PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

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

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

Check this block if you are amending an original filing

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

A seeking hold held

B seeking hold held

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

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

voter services Director Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 9

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 _____ Enter Current Date 5/1/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S O R G J E A N N E M

02 ADDRESS (Street, P.O. Box, etc.)

[REDACTED]

NOTE: Do not include in this statement any information that would disclose your Social Security Number or financial account numbers.

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

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

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

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

A RECORDER OF DEEDS seeking hold held

B MAYOR seeking hold held

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

A MONTGOMERY COUNTY

B AMBLER BOROUGH

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Recorder of Deeds Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

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

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

Name: Chrysler Capital Address: P.O. Box 660335 Dallas, TX 75266 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. (OFFICIAL USE ONLY)

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

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

Source of Gift: [] Value of Gift: []

Address of Source of Gift: [] Circumstances (Including description) of Gift: []

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

Source (Name and Address): [] Value: []

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

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

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business: Taylor/Sorg Solutions [REDACTED] Interest Held: 50%

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

Business (Name and Address): [] Interest Held: []

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

Signature: [REDACTED] Enter Current Date: 5/1/2020

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

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

STEELE KEVIN R

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

P.O. Box 311 NORRISTOWN PA 19404 (610) 278-3978

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 DISTRICT ATTORNEY seeking hold held

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Prosecutor Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

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

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

Name: SEE ADDENDUM Address:

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

Name: SEE ADDENDUM Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

SEE ADDENDUM

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value

Source (Name and Address)

SEE ADDENDUM

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address)

Name: SEE ADDENDUM Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date 4/28/19

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

ADDENDUM

Statement of Financial Interests Kevin R. Steele 2019

<u>9. Creditor</u>	<u>Interest Rate</u>
GM Financial	0%
Pacific Life	4.25%
PSECU	3.49%

10. SOURCES OF INCOME

<u>Source Income</u>	<u>Address</u>
County of Montgomery	Norristown, PA
Cabrini College/University	Radnor, PA

11. GIFTS

<u>Source</u>	<u>Address</u>	<u>Value</u>
PA DA Assn.	Harrisburg, PA	Unknown
*PSU Alumni Assn.	State College, PA	(See Attached)

Circumstances

*Meals and PSU Football Tickets: Tickets were for me and my wife for games and events in conjunction with my role and duties as the Past-President of the Penn State Alumni Association and a member of the Board of Trustees. Past-President of the PSU Alumni Association and my Board role on Trustees were volunteer positions NOT associated with my public position.

12. TRANSPORTATION, HOSPITALITY, LODGING

<u>Source</u>	<u>Address</u>	<u>Value</u>
PA DA Assn.	Harrisburg, PA	Unknown

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

<u>Entity</u>	<u>Position Held</u>
Penn Wynne/Overbrook Hills Fire Department	Vice-President
Penn State Alumni Association	Past-President
Mission Kids	Board of Directors

Kevin Steele Expense Report January-December 2019

K. Steele charges which posted to the Alumni Association budget in 2019

Date	Detail Description	Amount
2/28/2019	Spring Executive Board Reception and Dinner	\$84.00
3/1/2019	Spring Executive Board Breakfast and Lunch	\$55.50
4/11/2019	Alumni Council Lunch, Dinner, Dessert Reception and Break-Thursday only	\$124.11
9/13/2019	Elms Pen Given to All Past Alumni Assoc. Presidents	\$47.70
9/13/2019	Past Presidents Dinner	\$129.94
9/14/2019	President's Suite Ticket-Pitt	\$78.00
11/30/2019	Roar's Suite Ticket-Rutgers	\$75.00
K. Steele Expenses Only		\$594.25

Charges for family members which posted to the Alumni Association budget in 2019

Date	Detail Description	Amount
9/13/2019	Past President's Dinner-Tracy	\$129.94
9/14/2019	President's Suite Ticket-Pitt-Tracy	\$78.00
11/30/2019	Roars Suite Ticket-Rutgers-Tracy	\$75.00
Family Expenses Only		\$282.94

Grand Total	\$877.19
--------------------	-----------------

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
S t e i n J o s h u a M

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 block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A C o u n t y S o l i c i t o r seeking hold held

B S c h o o l B o a r d D i r e c t o r seeking hold held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M o n t g o m e r y C o u n t y

B A b i n g t o n S c h o o l D i s t r i c t

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 1 9

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate
Name Address

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: County of Montgomery Address: 425 Swede Street, Norristown
S&S Family Partnership 230 S. Broad Street, 2nd Floor, Phila, PA 19102

11 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift
Source of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)
Name Address

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business
S & S Family Partnership [REDACTED] 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 Relationship Date Transferred
Transferor (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] (notification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 4/14/2020

THIS FORM IS [REDACTED] IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
THOMPSON SAMANTHA L

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
PO Box 311 Norristown PA 19404 (610) 278-3133

03 STATUS Check applicable block or blocks. more than one block may be marked. (See instructions on page 2)
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
A ASSISTANT DISTRICT ATTORNEY seeking hold

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Assistant District Attorney Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: Montgomery County Address: PO Box 311 Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address) Position Held (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
Transferor (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 42 P.S. 1401 (relating to perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 4/27/20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
TILGER-HALBOM LAUREN E

02 ADDRESS (office/business or government) and home address
[Redacted]

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor
B Nominee C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
A ADMINISTRATIVE DEPUTY seeking hold hold
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, township, etc.)
A RECORDER OF DEEDS
B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS
ADMINISTRATIVE DEPUTY Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Name: ARDENT CREDIT UNION Address: PO BOX 7480 PHILADELPHIA, PA 19101 Interest Rate: 3.49%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block (OFFICIAL USE ONLY)
Name: MONTGOMERY COUNTY Address: ONE MONTGOMERY PLAZA, WARRISTOWN, PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift: Value of Gift:
Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address): Position Held (e.g., 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 (e.g., 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 hereto certifies that the foregoing is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1106(b).
Signature: [Redacted] Enter Current Date: 5/12/2020

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

V E L E Z M I L T O N

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

425 SWEDE STREET NORRISTOWN PA 19404 (610) 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 block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A ASSISTANT SOLICITOR

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

ASSISTANT SOLICITOR Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: SEE ATTACHED PAGE Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: SEE ATTACHED PAGE Address: Value

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: SEE ATTACHED PAGE 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.)

SEE RESPONSE TO BLOCKS 10 AND 13 ATTACHED

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 Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 3/31/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATE ETHICS COMMISSION
STATEMENT OF FINANCIAL INTERESTS

Continuation Page

Milton Vélez, Esquire

BLOCK 09 – CREDITORS

- | | |
|---|------------------------|
| 1. MOHELA – U.S. Department of Education
633 Spirit Drive, Chesterfield, MO 63005 – 1243 | Loan #1 – 7.9 % |
| 2. MOHELA – U.S. Department of Education
633 Spirit Drive, Chesterfield, MO 63005 – 1243 | Loan #2 – 5.0% |
| 3. American Educational Services
P.O. Box 2461
Harrisburg, PA 17105 - 2461 | Loan #3 – 3.25% |

BLOCK 10 – DIRECT OR INDIRECT SOURCES OF INCOME

- | | |
|--|-------------|
| 1. Velez Rental Unit – Residential
[REDACTED] | Joint Owner |
| 2. Velez Rental Unit – Residential
[REDACTED] | Joint Owner |
| 3. Velez Rental Unit – Air BnB
[REDACTED] | Joint Owner |

BLOCK 13 – OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS

- | | |
|---|-----------------|
| 1. <i>VelezLaw</i> (Part-Time limited law practice)
[REDACTED] | Sole Proprietor |
| 2. Board Chairman, Childrens' Jubilee Fund (Unpaid Volunteer Position)
3580 Indian Queens Lane, Philadelphia, PA 19129 | |
| 3. Board member, Legal Aid of Southeastern Pennsylvania (Unpaid Volunteer Position)
625 Swede Street, Norristown, PA 19401 | |

Milton Vélez 3/31/2020

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 ELIBRARY AT [HTTP://WWW.ETHICSRULINGS.STATE.PA.US](http://www.ethicsrulings.state.pa.us). 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:

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 * (?) John

Last Name * (?) Walko

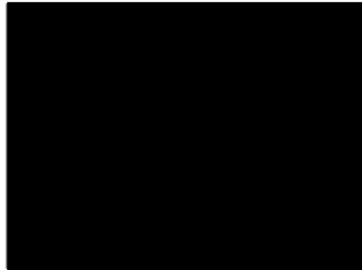
Middle Initial F

Suffix

02 Address

**Business,
Governmental,
Home, or Postal
Address * (?)**

Street Address



State / Province / Region

PA

Country

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 * (?)

Solicitor

**State or
County/Local * (?)**

County/Local

County * (?)

Montgomery County

**County/Local Entity *
(?)**

Narberth Borough

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 * (?)

Montgomery County

**County/Local Entity *
(?)**

Upper Merion Township

Position * (?)

Solicitor

Status * (?)

Solicitor

**State or
County/Local * (?)**

County/Local

County * (?)

Montgomery County

**County/Local Entity *
(?)**

Limerick Township

Position* (?) 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
Position* (?) Solicitor
Status* (?) Solicitor
State or County/Local* (?) County/Local
County* (?) Chester County
County/Local Entity* (?) East Whiteland Township
Position* (?) Solicitor
Status* (?) Solicitor
State or County/Local* (?) County/Local
County* (?) Chester County
County/Local Entity* (?) West Vincent Township
Position* (?) Solicitor

06 Occupation or Profession

Current Occupation or Profession* (?) Attorney

07 Year

Year* (?) 2019
The calendar year for which this form is being filed.

08 Real Estate Interests

Are you amending No
your form as to real
estate interests? *

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 transfers 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 * (?)

Date



2020-01-06

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK
ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR
RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W e v o d a u E r i k a L

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 District Attorney seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: U.S. Department of Education Address: 525 William Penn Place Pittsburgh, Pa 15219 Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Montgomer County District Attorney's Office Address: Erika Lyn Photography (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 4/21/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

W	I	L	E	N	C	H	I	K	C	A	I	T	L	I	N	B	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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 DISTRICT ATTORNEY seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/ware 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: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: MONTGOMERY COUNTY Address:

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  Enter Current Date 04/16/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

LAST NAME: COLEMAN FIRST NAME: AMANDA MI: [] SUFFIX: []

ADDRESS office (business or governmental) or home: PO 311 STE 508 NORRISTOWN PA 19404

STATUS: Public Employee (Current) [checked] Public Official (Current) [] Public Employee (Former) [] Public Official (Former) []

PUBLIC POSITION OR PUBLIC OFFICE: [] seeking [] hold [] held

GOVERNMENTAL ENTITY: CONTROLLER'S OFFICE

OCCUPATION OR PROFESSION: ACCOUNTS PAYABLE MANAGER 07 YEAR: 2009

REAL ESTATE INTERESTS: [checked] NONE

CREDITORS: DIAMOND CREDIT UNION AUTO LOAN 1600 MEDICAL DRIVE POTTSWOWN, PA 19464 3.74

DIRECT OR INDIRECT SOURCES OF INCOME: HICKORY VET HOSPITAL 2303 HICKORY ROAD PLYMOUTH MEETING PA

GIFTS: [checked] NONE

TRANSPORTATION, LODGING, HOSPITALITY: [checked] NONE

OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS: [checked] NONE

FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: [checked] NONE

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER: [checked] NONE

The undersigned hereby... Signature: [redacted] Enter Current Date: 7/13/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

D L S Z E W S K I J O A N N E C

02 ADDRESS

[REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

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 hold

A JURY COMMISSIONER

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, 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: 2019

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

1) Montgomery County, POB 311 NORRISTOWN 19488

2) MAYA BROWN, STATE FARM RD [REDACTED]

3) Morgan Stanley ONE LIBERTY PLACE FLOUERTOWN PITILA 19103 19031

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift: Value of Gift:

Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Position Held (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 hereon certifies that the foregoing is true and correct to the best of his or her personal knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 6/26/20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
SANCHEZ KAREN M

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 CONTROLLER seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS

Attorney Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2019

08 REAL ESTATE INTERESTS (See instructions on 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: N/A

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)

Name: See attached sheet Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: See attached sheet Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)


The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 62 Pa.C.S. § 1901 (penalties for falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 7/9/20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Attachment to Statement of Financial Interests of
Karen M. Sanchez -- 2019**

Block 10 Direct or Indirect Sources of Income:

Name:	Address:
Obermayer Rebmann Maxwell & Hippel LLP	Centre Square West 1500 Market Street Suite 3400 Philadelphia, PA 19102
Montgomery County, Pennsylvania	Office of the Controller One Montgomery Plaza, 5th Floor P.O. Box 311 425 Swede Street Norristown, PA 19404
Commonwealth of Pennsylvania – House of Representatives (spousal income)	Main Capitol Building Harrisburg, PA 17120
Benjamin V. Sanchez – Sole Proprietorship Law Practice (spousal income)	

Block 13 Office, Directorship, or Employment in any Business:

Name:	Address:	Position Held:
Jefferson Health -- Northeast (spouse)	10800 Knights Road Phila. PA 19114	Trustee (Board Secretary)
Inter-Faith Housing Alliance (spouse)	31 South Spring Garden Street, Ambler, PA 19002	Board Member

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 S H E L O W C A R L 8

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 425 SWEDE RD NORRISTOWN PA 19401 (610) 278-3072

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 ACCOUNTING MANAGER seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.)

A COUNTY OF MONTGOMERY, PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
 ACCOUNTING MANAGER Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: PNC BANK, BANK OF AMERICA, POLICE & FIRE FED. CO. UNION Address: BETHLEHEM PK AMBLER PA, P.O. BOX 45224, TALENTONVILLE, PA, 901 ARCH ST, PHILA, PA Interest Rate: VARIABLE, 4.5%, 3.49%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: TEMPLE UNIVERSITY, AFLAC Address: 1601 N. BROAD ST., PHILA, PA, 1937 WYNTON RD., COLUMBUS, GA (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.)

SHELOW PROPERTIES, LLC 15%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 7/9/20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
RAZZAK ZESMEEN

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
One Montgomery Plaza Norristown PA 19404 (610) 278-3072

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) B Nominee C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor
C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A MONTGOMERY COUNTY seeking hold held
B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A CONTROLLERS OFFICE
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Internal Auditor Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2020

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate
Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: Montgomery County, PA Address: PO Box 311
Norristown, PA - 19404

11 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift
Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
Source (Name and Address):

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address): Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business:

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Relationship Date Transferred
Business (Name and Address): Transferee (Name and Address):

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 07/09/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
SCHREIBER LORI

02 ADDRESS (office, business or governmental) or home City, State, Zip Code, Area Code, Phone

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) 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 CLERK OF COURTS
B COMMISSIONER

05 GOVERNMENTAL ENTITY in which you 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) 07 YEAR SEE INSTRUCTIONS.
Clerk of Courts / College Instructor Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 9

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Name: Address: Interest Rate:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
Name: See Attached Paper Address:

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity (Name and Address) Address: Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN 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) 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. § 6103(b) Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 6/26/2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

FOR 2019

Question #10- Direct or Indirect SOURCES OF INCOME : For Lori Schreiber

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