

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A n g e l i a B e l l S

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

P.O. Box 311 Norristown PA 19404 610 2783090

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

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

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

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

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

A Assistant District Attorney

B

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

A Montgomery County

B

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

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

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

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

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

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Name: Bell Law Office Address: 1006 York Road, #23 Willow Grc Position Held (ie, officer, director, employee, etc.): Sole Proprietor

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

Name and Address of Business: Bell Law Office 1006 York road, #23 Willow Grove, Pa 19090 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.

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 4-22-21

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

**Angela Bell 2020 Statement of Financial Interests Attachment**

**#10 Direct or Indirect Sources of Income:**

**Family Services of Montgomery County (W2) 3125 Ridge Pike, Eagleville, PA 19043**

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

**RTM LLC (1099) 7 Williams Road Malvern, PA. 19355**

**Pennsylvania Department of Revenue, Pennsylvania Lottery (Form W-2G) P.O. Box 8671 Harrisburg, PA. 17105**

# 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

PO Box 311 NORRISTOWN PA 19401 (610) 278 3110

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

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

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

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

Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 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: Address: Interest Rate

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

Name: MONTGOMERY COUNTY Address: NORRISTOWN PA

(OFFICIAL USE ONLY)

RECEIVED APR 30 AM 10:57

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 Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/16/21

THIS FORM IS TO BE FILED WITH THE STATE ETHICS COMMISSION. MAKE A COPY FOR YOUR RECORDS.

# 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 PO BOX 311 Norristown PA 19404-0311 ( 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

A 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.  Interest Rate

Name: Address:

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

Name: Montgomery County Address: One Montgomery Plaza 9th Floor Suite 900 Swede and Airy Streets PO Box 311

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

4-15-2021

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

Yes

Name

First Name \* (?) Valerie

Last Name \* (?) Arkoosh

Middle Initial A

Suffix

PA  
VOTING  
MACHINES  
MAR 15 PM 4:12  
2011

dress

**Business, Governmental, Home, or Postal Address \* (?)** Street Address  
P.O. Box 311  
Address Line 2  
City Norristown State / Province / Region PA  
Postal / Zip Code 19404 Country

---

**Telephone \* (?)** 610-278-3030  
Telephone Number ###-###-####

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

**Status \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

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

**Position \* (?)** County Commissioner

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

No

Selecting "Yes" will allow for additions below.

### Occupation or Profession

**Current Occupation or Profession \* (?)** County Commissioner

or

**Year \* (?)** 2020  
The calendar year for which this form is being filed.

### Real Estate Interests

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

Are you amending your form as to creditors? \*

No

### Direct or Indirect Sources of Income

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

Yes

### of Income

Name * (?)	Montgomery County	
Address * (?)	Street Address	
	P.O. Box 311	
	Address Line 2	
	City	State / Province / Region
	Norristown	PA
Postal / Zip Code	Country	
19404		

### Gifts

Are you amending your form as to gifts? \*

No

### ns ortation, Lodging, Hos itality

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

No

### 13 Office, Directorshi , or Employment in any Business

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

No

### 4 Financial Interest in any L al Entity in Business for Profit

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

No

### 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 \* (?)**

[Redacted Signature]

**Date**

2021-03-15

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) Danielle

Last Name \* (?) Bacr

Middle Initial A

Suffix

STATE ETHICS COMMISSION

2021 MAR 22 AM 10:25

FILED

## 02 Address

**Business, Governmental, Home, or Postal Address \* (?)**  
Street Address  
One Montgomery Plaza Suite 201  
Address Line 2  
PO Box 311  
City  
Norristown  
State / Province / Region  
PA  
Postal / Zip Code  
19404  
Country

**Telephone \* (?)** 6102783751  
Telephone Number ###-###-####

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

**Status \* (?)** Public Employee (Current)

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

**County \* (?)** Montgomery County

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

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

**Position \* (?)** Community Planner

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession \* (?)** Community Planner

## 07 Year

**Year \* (?)** 2020  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Do you have reportable creditors? \* (?)

Yes

## Creditors

Name \* (?) US Department of Education

Address (?) PO Box 4450

City\* Portland

State\* Oregon

Zip Code 97208-4450

Interest Rate \* 0  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

Name \* (?) County of Montgomery

Address \* (?)  
Street Address  
One Montgomery Plaza Suite 201  
Address Line 2  
PO Box 311  
City  
Norristown  
Postal / Zip Code  
19404  
State / Province / Region  
PA  
Country

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer\***

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

I Accept

**13 Office, Directorship, or Employment in any Business**

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

No

**14 Financial Interest in any Legal Entity in Business for Profit**

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

No

**15 Business Interests Transferred to Immediate Family Member**

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation\***

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

I Confirm

**Signature\*(?)**

**Date**

[Redacted Signature]

2021-03-22

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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 B A I R D H A R O L D

02 ADDRESS (See instructions on page 2)

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

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.  
 Police officer Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2021

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

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

Name: Movement Mortgage Address: 8024 Calvin Hall Rd  
 Indian Land South Carolina 29707 Interest Rate: 2.99%

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

Name: N/A Address: N/A

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) 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. §4804 (penalty for perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date 5-31-21

COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BARNES TODD N

02 ADDRESS

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

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

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

05 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 PA JUDICIARY  
B MONTGOMERY COUNTY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.  
Lawyer 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: College Loan Corporation Address: 1000 W. Charleston Blvd Las Vegas, NV Interest Rate: 3.375%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) IF NONE, check this box.   
Name: Montgomery County PA Address: PO Box 34, Norristown, PA 19404 (OFFICIAL USE ONLY)

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

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

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box.   
Business Entity (Name and Address): Name: Eternal Life Music, Inc. Address: 1227 Market St. Norristown, PA Position Held (i.e., officer, director, employee, etc.): Former 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

The undersigned hereby affirms that the foregoing information is 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: 3/16/21  
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
2021 APR 30 AM 10:55

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 BARTUSIJS FRANCIS X JR

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 Norristown PA 19103

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Detention Supervisor  seeking  hold  held

B

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

A County of Montsomerly

B

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

Detention Supervisor

08 REAL ESTATE INTERESTS (See instructions 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: Department of Education Address: #29,600.00 6%

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

Enter Current Date

4/5/21

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: **B E C K** FIRST NAME: **T A N N E R** MI: **C** SUFFIX:

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

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

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

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

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

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

Name: **Montgomery County** Address: \_\_\_\_\_

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

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

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

Business Entity (Name and Address): \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name and Address of Business: \_\_\_\_\_

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  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. 11100(b).

Signature: \_\_\_\_\_ Enter Current Date: **4/27/21**

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

2021 APR 30 PM 03:51  
RECEIVED

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **B e e s o n** FIRST NAME **N i c h o l a s** MI **K** SUFFIX

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

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

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

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

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 **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

05 GOVERNMENTAL ENTITY in 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**

08 REAL ESTATE INTERESTS (See instructions 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** Interest Rate: **12-23 % & 7.5%**

**American Express P.O. Box 650448 Dallas, TX 75265-0448**

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: **2 E Airy St, Norristown, PA 19401**

(OFFICIAL USE ONLY) 2021 APR 30 AM 10:55 RECEIVED

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

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Address: Position Held (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 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  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
BEVINGTON JEFFREY 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

seeking  hold  held

B

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

A MONTGOMERY COUNTY HIGHER EDUCA  
B TION AND HEALTH AUTHORITY

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.  
RETIREED Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2021

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

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

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

Signature: [Redacted] Enter Current Date: 5-5-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

Are you amending a prior filing?\*

No

01 Name

First Name\* (?) Marley

Last Name\* (?) Bicc

Middle Initial

Suffix



## 02 Address

**Business, Governmental, Home, or Postal Address \*** (?)  
Street Address  
PO Box 311  
Address Line 2  
City  
Norristown  
Postal / Zip Code  
19404  
State / Province / Region  
PA  
Country

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

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

**Status \*** (?) Public Employee (Current)

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

**County \*** (?) Montgomery County

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

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

**Position \*** (?) Principal Planner II

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

No

Selecting "Yes" will allow for additions below

## 06 Occupation or Profession

**Current Occupation or Profession \*** (?) Planner

## 07 Year

**Year \*** (?) 2020  
The calendar year for which this form is being filed

## 08 Real Estate Interests

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

## 09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

<b>Name</b> * (?)	County of Montgomery		
<b>Address</b> * (?)	Street Address		
	PO Box 311		
	Address Line 2		
	City	State / Province / Region	
	Norristown	PA	
Postal / Zip Code	Country		
19404			

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

No

## 14 Financial Interest in any Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

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

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-12

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

**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** \* (?) Jill

**Last Name** \* (?) Blumhardt

**Middle Initial** C

**Suffix**

## 02 Address

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

Street Address



State / Province / Region

Pennsylvania

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 \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

**County/Local Entity \*  
(?)** Lower Moreland Township

**Position \* (?)** Lower Moreland Commissioner

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

Yes

Selecting "Yes" will allow for additions below.

**Status \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

**Other County/Local  
Entity \* (?)** Montgomery County Planning Commission

**Position \* (?)** Board Member

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Environmental Consultant

## 07 Year

Year \* (?)

2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Are you amending your form as to creditors? \*  
No

## 10 Direct or Indirect Sources of Income

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

### Source of Income

Name \* (?) Lower Moreland Township

Address \* (?)

Street Address

640 Red Lion Road

Address Line 2

City

Huntingdon Valley

Postal / Zip Code

19006

State / Province / Region

PA

Country

## 11 Gifts

Are you amending your form as to gifts? \*  
No

## 12 Transportation, Lodging, Hospitality

Are you amending your form as to transportation, lodging, or hospitality? \*  
No

## 13 Office, Directorship, or Employment in any Business

Are you amending your form as to office, directorship, or employment in any business? \*  
No

## 14 Financial Interest in any Legal Entity in Business for Profit

Are you amending your form as to financial interests in any legal entity in business for profit? \*  
No

## 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

The source of income for this amended report was inadvertently omitted during initial completion of the form.

**Confirmation \***

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

I Confirm

**Signature \* (?)**

**Date**

[REDACTED]

2020-04-30

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 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 Airy 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

A Assistant District Attorney

seeking  hold  held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 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: Address: Interest Rate

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

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

(OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 4/21/2021

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: **D O S S A R D** FIRST NAME: **E L I Z A B E T H** MI: **A** SUFFIX:

02 ADDRESS of the business or organization: **[REDACTED]**

03 STATUS:  Candidate (including write-in)  Public Official (Current)  Public Employee (Current)  Public Official (Former)  Public Employee (Former)  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.):  seeking  hold  held  
A **OFFICE MANAGER / BOOKKEEPER**  
 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): **Office mgr. / Bookkeeper**  
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: **American Express** Address: **P.O. Box 1270 Newark, NJ 07101** Interest Rate: **5.99**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.   
Name: **Montgomery County Rod P.O. Box 311, Norristown, PA 19303** Address:  (OFFICIAL USE ONLY) **2020**

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: **3/23/2021**

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

BRODERICK WOODS MERRY

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

[REDACTED]

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

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

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

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

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

A JURY COMMISSIONER  seeking  hold  held

B

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

A BPOA BOARD MEMBER

B

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

JURY COMMISSIONER 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: Address: Interest Rate

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

Name: COUNTY of MONTGOMERY Address: SWEDEN AIRY STREETS 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 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 4-28-2021

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

B R O W N S C O T T

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

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

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

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

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.

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 page 2) If NONE, check this box.  (OFFICIAL USE ONLY)

Name: Public School Employee's Retirement System Address: PO Box 125 Harrisburg, PA

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

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

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: [Redacted] Enter Current Date 4/16/2021

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing?\***

No

**01 Name**

First Name \*(?) Scott

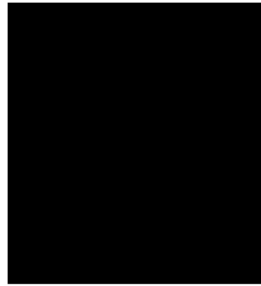
Last Name \*(?) Brown

Middle Initial

Suffix

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \*** (?) Public Official (Current)

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

**County \*** (?) Montgomery County

**County/Local Entity \*** Hatfield Township  
(?)

**Position \*** (?) Transportation Authority

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation  
or Profession \*** (?) Retired

## 07 Year

**Year \*** (?) 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors? \*** (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

<b>Name</b> * (?)	Public School Employee's Retirement System		
<b>Address</b> * (?)	Street Address		
	P.O. Box 125		
	Address Line 2		
	City	State / Province / Region	
	Harrisburg	PA	
	Postal / Zip Code	Country	
	17101		

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

### Gifts Disclaimer \*

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

### Transportation, Lodging, & Hospitality Disclaimer \*

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

No

## 14 Financial Interest in any Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation \***

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

I Confirm

**Signature \* (?)**

[REDACTED]

**Date**

2020-04-03

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

Browne Craig C

02 ADDRESS

[REDACTED]

Do not include Social Security Numbers, Financial Account Numbers, or other identifying numbers.

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

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

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

Check this box if you are amending an original filing

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

A Prison Board Member

B

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

A Montgomery County

B

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

retired school principal

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.

none

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

Name: Citibank, Acura, Nissan, Bank of America, Wells Fargo

Address:

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

Name: Soc. Sec.; NJ Pension School; PSEERS

Address:

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

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

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

Source (Name and Address)

Value

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

Business Entity (Name and Address)

Name: Address:

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

Signature: [REDACTED] Enter Current Date: May 13, 2021

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 2nd 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

B

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

Supervisor / 2nd Deputy 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: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.  (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, employer, 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 Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 3-29-2021

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

**THIS FORM MUST BE COMPLETED AND FILED BY:**

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

Na

**First Name \* (?)** Maureen

**Last Name \* (?)** Calder

**Middle Initial**

**Suffix**

ED  
MAR 16 PM 2:57

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

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

State / Province / Region  
Pennsylvania  
Country

**Telephone\* (?)**

6102783033  
Telephone Number ####-####-####

**Status\* (?)**

Public Employee (Current)

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

County/Local

**County\* (?)**

Montgomery County

**County/Local Entity\*  
(?)**

\*\*Not Listed\*\*

**Other County/Local  
Entity\* (?)**

Montgomery County

**Position\* (?)**

First Assistant Solicitor

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

No

Selecting "Yes" will allow for additions below.

**Current Occupation  
or Profession\* (?)**

Attorney

**Year\* (?)**

2020  
The calendar year for which this form is being filed.

**Do you have  
reportable real  
estate interests? \***  
(?)

No

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

Name * (?)	Montgomery County	
Address * (?)	Street Address	
	P.O. Box 311	
	Address Line 2	
	One Montgomery Plaza	
	City	State / Province / Region
	Norristown	P
	Postal / Zip Code	Country
	19401	

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

Gifts Disclaimer \*

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

I Accept

## 12 Transportation, Lodging, & Hospitality

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

No

Transportation,  
Lodging, &  
Hospitality  
Disclaimer \*

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

I Accept

## Office, Directorship, or Employment in a Business

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

No

## Financial Interest in a Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

---

Additional  
comments or  
explanations about  
any of the above  
sections:

---

Confirmation \*

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

I Confirm

---

Signature \* (?)

Date

2021-03-08

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 Caldwell FIRST NAME William MI F SUFFIX

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

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 1st Deputy Treasurer  seeking  hold  held

B Constable  seeking  hold  held

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

A County of Montgomery

B Norrisstown Municipality

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 2021

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

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 page 2) If NONE, check this box.

Name: County of Montgomery Address: 425 Swede St Norrisstown PA 19150

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

Source of Gift

Address of Source of Gift

Value of Gift 5

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

Signature [Redacted] Enter Current Date 4/16/21

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

cauffman samantha L

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

Montgomery Co. PA's office Norristown PA 19404 610 278 3152

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

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

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

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

Check this box if you are amending an original filing

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

A Assistant District Attorney  seeking  hold  held

05 GOVERNMENTAL ENTITY in 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

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 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 page 2) If NONE, check this box.  (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.  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 law (relating to perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 7/27/21

THIS FOR 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 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] PA 19053 [REDACTED]

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

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

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

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

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

County of Montgomery Norristown, PA 19404

County of Bucks Doylestown, PA 18901

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

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

Name: Rudolph Clarke, LLC Address: Treose, 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 Shareholder-50%

Treose, PA 19053

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 3/31/2021

THIS FORM

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

[REDACTED]

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

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

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

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

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

County of Montgomery Norristown, PA 19404

County of Bucks Doylestown, PA 18901

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

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

Name: Rudolph Clarke, LLC Address: Trevese, 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 Trevese, 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 in the Public Access and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 3/31/2021

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

02 ADDRESS (Street, City, State, Zip) [REDACTED]

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

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A S O L I C I T O R  
B 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 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: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.   
Name: Rudolph Clarke, LLC Address: Trevese, PA 19053  
County of Montgomery Norristown, PA 19404  
County of Bucks Doylestown, PA 18901

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

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

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)  
Name: Rudolph Clarke, LLC Address: Trevese, PA 19053 7 Neshaminy Interplex, Ste 200 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 Shareholder-50%  
Trevese, PA 19053

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. 5109(a) and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 3/31/2021

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

STATEMENT OF FINANCIAL INTERESTS ATTACHMENT  
MICHAEL P. CLARKE

Block 5 -

Solicitor – Abington Township  
Solicitor – Borough of Conshohocken Authority  
Solicitor – Borough of Conshohocken Zoning Hearing Board  
Solicitor – Bucks County Solicitor's Office  
Solicitor – Bucks County Tax Claim Bureau  
Solicitor – Bucks County Water & Sewer Authority  
Solicitor – Central Bucks Regional Police Commission-Civil Service  
Solicitor – Collegeville Borough-Civil Service  
Solicitor – Colonial School District  
Solicitor – East Brandywine Township  
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 Orphans' Court & Register of Wills  
Solicitor – Montgomery County Tax Claim Bureau  
Solicitor – Morrisville Borough-Civil Service  
Solicitor – Narberth Borough-Civil Service  
Solicitor – Newtown Borough  
Solicitor – Newtown Township Zoning Hearing Board  
Solicitor – Nockamixon Township  
Solicitor – Norristown Area School District  
Solicitor – Municipality of Norristown  
Solicitor – Municipality of Norristown-Civil Service  
Solicitor – North Penn School District  
Solicitor – North Wales Water Authority  
Solicitor – Penndel Borough  
Solicitor – Pennsbury School District  
Solicitor – Perkasie Borough-Civil Service  
Solicitor – Plymouth Meeting Friends School  
Solicitor – Plymouth Township  
Solicitor – Spring Mill Fire Company No. 1  
Solicitor – Upper Perkiomen School District  
Solicitor – Whitmarsh Township Authority  
Solicitor – Whitpain Township  
Solicitor – William Jeanes Memorial Library

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 \*** (?) David

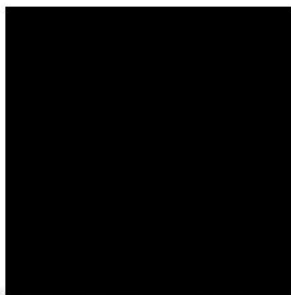
**Last Name \*** (?) Cohen

**Middle Initial** L

**Suffix**

02 Address

Business, Governmental, Home, or Postal 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 \* (?) Public Official (Current)

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

County \* (?) Montgomery County

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

Other County/Local Entity \* (?) Montgomery County Planning Commission

Other State Entity \* (?) N/A

Position \* (?) Board Member

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

Yes

Selecting "Yes" will allow for additions below.

Status \* (?) Public Official (Current)

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

County \* (?) Montgomery County

County/Local Entity \* Cheltenham Township School District (?)

Position \* (?) Board Member

Status \* (?) Public Official (Former)

State or County/Local \* (?) State

**State Entity**\* (?) Pennsylvania Senate  
**Position**\* (?) Chief of Staff  
**Status**\* (?) Candidate (including write-in)  
**State or County/Local**\* (?) County/Local  
**County**\* (?) Montgomery County  
**County/Local Entity**\* (?) Cheltenham Township School District  
**Position**\* (?) Board

## 06 Occupation or Profession

**Current Occupation or Profession**\* (?) Urban Planner

## 07 Year

**Year**\* (?) 2019  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Are you amending your form as to creditors?**\* No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?**\* No

## 11 Gifts

**Are you amending your form as to gifts?**\* No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?**\* No

## 13 Office, Directorship, or Employment in any Business

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

No

#### 14 Financial Interest in any Legal Entity in Business for Profit

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

No

#### 15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to 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

[REDACTED]

2020-04-29

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 C o r 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. 4th Floor 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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)  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; Naviant; NelNet Address: 1200 N. 7th St, Harrisburg, PA; 123 Justice St, Wilmington, NE; PO Box 82561, Lincoln, NE **Varies**

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.  (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.  Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Name: Family Services of Montgomery County Address: 3125 Ridge Pk, Eagleville, PA **Director**

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

Signature \_\_\_\_\_ Enter Current Date 4/15/21

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



*Amended*  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

C O X E R I C J

02 ADDRESS State Zip Code Area Code Phone

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

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

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

A Montgomery County Solicitors

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.

Name: American Education Services Address: PO Box 1047, Harrisburg, PA

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

Name: Bisel Publishing Address: 710 Washington Square, Phila, PA 19106

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

Source of Gift NONE Value of Gift

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

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

Source (Name and Address) NONE Value

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

Business Entity (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 Address: [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.

Transferee (Name and Address) Relationship Date Transferred

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

Signature [Redacted] Enter Current Date 4/21/21

**THIS FORM MUST BE COMPLETED AND FILED BY:**

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name** \* (?) Janet

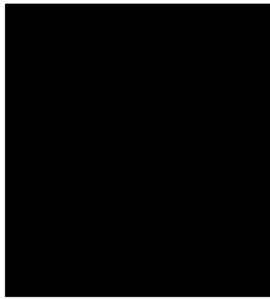
**Last Name** \* (?) Cunningham

**Middle Initial** B

**Suffix**

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \*** (?) Candidate (including write-in)

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

**County \*** (?) Montgomery County

**County/Local Entity \*** Upper Merion Township  
(?)

**Position \*** (?) Montgomery County Transportation  
Authority Board Member

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

No

Selecting "Yes" will allow for additions below

## 06 Occupation or Profession

**Current Occupation  
or Profession \*** (?) Civil Engineer/Business Owner

## 07 Year

**Year \*** (?) 2019

The calendar year for which this form is being filed

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors? \*** (?)

No

## 10 Direct or Indirect Sources of Income

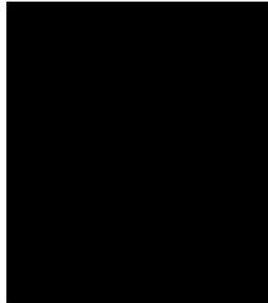
Do you have any reportable direct or indirect sources of income? \* (?)

Yes

### Source of Income

Name \* (?) JBC Associates, Inc.

Address \* (?)



State / Province / Region

PA

Country

Name \* (?) American Arbitration Association

Address \* (?)

Street Address

1301 Atwood Ave

Address Line 2

City

Johnston

Postal / Zip Code

02919

State / Province / Region

RI

Country

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

Gifts Disclaimer \*

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

Transportation,  
Lodging, &  
Hospitality  
Disclaimer \*

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

I Accept

## 13 Office, Directorship, or Employment in any Business

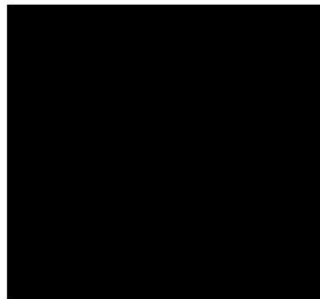
Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

Yes

## Business Entity

Name \* (?) JBC Associates, Inc.

Address \* (?)



State / Province / Region

PA

Country

Position Held \* (?) President/CEO

## 14 Financial Interest in any Legal Entity in Business for Profit

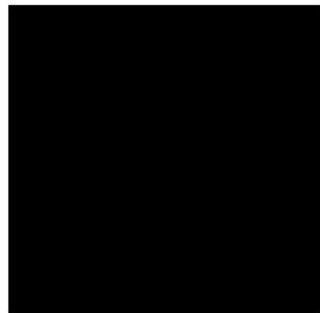
Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

Yes

## Business Entity

Name \* (?) Janet Cunningham

Address \* (?)



State / Province / Region

PA

Country

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

## 15 Business Interests Transferred to Immediate Family Member

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

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

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

I Confirm

Signature \* (?)

Date

[REDACTED]

2020-04-13

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 G U A N N O E M I L Y A

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 Courthouse - 4th floor, P.O. Box 311 Norristown PA 19404

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

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

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

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

Check this box if you are amending an original filing

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

A Assistant District Attorney

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: 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.  Interest Rate

Name: Spruce Lending Address: P.O. Box 660250 Dallas, TX 75266 0%

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

Name: Sallie Mae Banking Address: 300 Continental Dr. #4322 Newark, DE 19173

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

Signature \_\_\_\_\_ Enter Current Date April 30, 2021

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 DANIELS FIRST NAME CHRISTOPHER MI E SUFFIX

02 ADDRESS office (business or governmental) or home PO BOX 311 City ADMISTOWN State PA Zip Code 19401 Area Code 610 Phone 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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   seeking  hold  held

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

A MONTGOMERY COUNTY

B

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2021

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

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

Name:  Address:  Interest Rate:

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

Name: 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): Lower Merion Little League Address: PO Box 95 Gladwyne, PA Position Held (i.e., officer, director, employee, etc.): Vice President

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

Name and Address of Business:  Interest Held (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 information provided herein is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 4/26/21

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

DEAN FRANCIS W

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

1430 DEKALB ST. BEAR NORRISTOWN PA 19404 (610) 278 3790

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

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

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

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

Check this box if you are amending an original filing

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

A DIRECTOR OF MALLIN ELECTIONS

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)

DIRECTOR OF MAIL IN ELECTIONS

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: Address: Interest Rate:

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

Name: COUNTY OF MONTGOMERY Address: PO Box 311 NORRISTOWN, PA

(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: 2021 APR 30

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

Signature: [Redacted] Enter Current Date: 4-27-21

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

<b>Creditor</b>	<b>Addendum</b>	<b><u>Interest Rate</u></b>
Franklin Mint Federal Credit Union 5 Hillman Drive Chadds Ford, PA 19307		8.99%
Elan Financial Services PO Box 790408 St. Louis, MO 63179		16.99%
Navient Private Loan Trust PO Box 9000 Wilkes-Barre, PA 18773		9.25%
Navient Private Loan Trust PO Box 9000 Wilkes-Barre, PA 18773		4.25%
Navient Private Loan Trust PO Box 9000 Wilkes-Barre, PA 18773		4.25%
Navient Private Loan Trust PO Box 9000 Wilkes-Barre, PA 18773		5.25%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME DILLIO FIRST NAME Diana MI  SUFFIX

02 ADDRESS (office/business or governmental) [REDACTED]

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

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

B  seeking  hold  held

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

A Montgomery County Recorder of Deeds

B

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

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 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: Naviant Address: 123 Justison St. Windsor 19801 Interest Rate 4.0%

Santander 75 State Street Boston 02109 6.99%

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

Name: Montgomery County Address: 425 Swede Street Norristown, PA 19307

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 4/13/2021

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
D'ORAZIO MARTHA A

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

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

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held  
A ASSISTANT 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: 2021

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

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.   
Name: American Education Service Address: 1200 N 7th St. Interest Rate: 3.9%  
Harrisburg PA 17117

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.   
Name: Montgomery County Address: PO Box 311 (OFFICIAL USE ONLY)  
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  
2021 JUN -1 AM 9:00 RECEIVED  
OFFICE OF THE STATE ETHICS COMMISSION

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: PA County Corrections Association Address: Secretary

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: 5/12/2021

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

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 SECRETARY MONTCO PRISON BOARD  seeking  hold  held

B

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

A MONTCO CORRECTIONAL FACILITY

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: 2021

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

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

Name: 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: MONTCO Address: NORRISTON, PA

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

Source of Gift Value Date

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 5/18/21

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

**Richard J. Dresher**  
**Secretary – Montgomery County**  
**Board of Prison Inspectors**

**STATEMENT OF FINANCIAL INTERESTS**  
**Block 10 Detail**

County of Montgomery  
425 Swede St.  
Norristown, PA 19404-0311

RBC Capital Markets, LLC  
PO Box 1510  
Minneapolis, MN

Merck & Company  
Wells Fargo Bank  
P.O. Box 64854  
St. Paul, MN 55164

Janus  
PO Box 55932\  
Boston, MA 02205-5932

Burnham Investors Trust  
c/o PFPC Inc.  
P.O. Box 61503  
King of Prussia, PA 19406

Stewart Funds  
P.O. Box 183004  
Columbus, OH 43218-3004

Columbia Management Investment Services  
P.O. Box 8081  
Boston, MA 02266-8081

BNY Mellon  
GlaxoSmithKline  
P.O. Box 43006  
Providence, RI 02940

Vanguard Financial Center  
Valley Forge, PA 19482  
Waddell & Reed Advisors  
PO Box 29217  
Shawnee Mission, KS 66201

Royce Funds  
PO Box 419012  
Kansas City, MO 64141

Dreyfus Family of Funds  
PO Box 105  
Newark, NJ 07101

Fidelity Investments  
PO Box 620024  
Dallas, TX 75262

The Delaware Group  
1818 Market St.  
Philadelphia, PA 19103

American Funds  
P.O. Box 6007  
Indianapolis, IN 46206-6007

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
DUGAN PATRICIA A

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
Office of District Attorney, P.O. Box 311, Norristown, PA 19404-0311

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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: 2020

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

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

Name: Community Bank Address: Interest Rate CC  
Ari Taylor Credit Card 23.99% has been paid off

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

Name: Matica Pa's office 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 (e.g., officer, director, employee)

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).

Sign: [Redacted] Enter Current Date 4-27-2021

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

**THIS FORM MUST BE COMPLETED AND FILED BY:**

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

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

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

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

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

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

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

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



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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name \* (?)** John

**Last Name \* (?)** Ernst

**Middle Initial** J

**Suffix**

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \* (?)** Public Employee (Current)

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

**County \* (?)** Montgomery County

**County/Local Entity \*  
(?)** Lansdale Borough

**Position \* (?)** Borough Manager

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

Yes

Selecting "Yes" will allow for additions below.

**Status \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

**Other County/Local  
Entity \* (?)** Montgomery County Planning Commission

**Position \* (?)** Board Member

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Borough Manager

## 07 Year

Year \* (?)

2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Do you have reportable creditors? \* (?)

Yes

### Creditors

Name \* (?) Citibank

Address (?)

City\* Souix Falls

State\* South Dakota

Zip Code 19446

Interest Rate\* 23  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

Name \* (?) Lansdale Borough

Address \* (?)  
Street Address  
1 Vine Street  
Address Line 2  
City  
Lansdale  
Postal / Zip Code  
19446

State / Province / Region

PA

Country

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer \***

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

I Accept

**12 Transportation, Lodging, Hospitality**

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

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer \***

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

I Accept

**13 Office, Directorship, or Employment in any Business**

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

No

**14 Financial Interest in any Legal Entity in Business for Profit**

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

No

**15 Business Interests Transferred to Immediate Family Member**

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation \***

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

I Confirm

**Signature \* (?)**

**Date**

2020-03-03

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							L					

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

[REDACTED]

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

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

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

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

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

A C O M M I S S I O N E R  seeking  hold  held

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

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

A U P P E R D U B L I N T O W N S H I P

B 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

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 2 0

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

[REDACTED]

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

Name: Lexis Financial Services Address: P.O. Box 15012, Chandler, AZ 85244

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

Dilworth Paxson LLP, 1500 Market Street, Suite 3500E, Phila, PA 19102 Pritzker Law Group, 1635 Market St, Suite 1600, Phila, PA 19102

Law Office of John Taylor, One Penn Center, 1617 JFK Blvd, Suite 1838, Phila, PA 19103 Upper Dublin Township, 801 Loch Aish Ave, Ft. Washington Pa 19034

Montgomery County, 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.)

Dilworth Paxson, LLP, 1500 Market Street, Suite 3500E, Phila, Pa 19102 Attorney, Employee

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

Name and Address of Business Interest Held (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 [REDACTED] Enter Current Date 2/21/2021

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 [REDACTED]

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

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

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

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

Check this box if you are amending an original filing

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

A A s s t . D i s t r i c t A t t o r n e y

seeking  hold  held

B

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

A D i s t r i c t A t t o r n e y ' s O f f i c e

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: 2 0 2 0

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

575 Avon Rd. King of Prussia PA 19406

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

Name: NFM Lending Address: 1190 Winterston Rd, Ste 300 - Linthicum MD 21090

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

Name: Montgomery County District Attorney's Office Address: 2 E. Airy St. Norristown PA 19401

Interest Rate: 2.625% (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.  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.

Transferee (Name and Address) Date of Transfer

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

Signature: [REDACTED] Date: 1/28/2021

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Creditors Re. Lauren N. Fischer

Fedloan Servicing – 0%

Fedloan Servicing – 0%

Fedloan Servicing – 0%

Fedloan Servicing – 0%

Fedloan Servicing – 0%

Source of Income

Pat Crouthamel – 

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name \*** (?) Dulcie

**Last Name \*** (?) Flaharty

**Middle Initial** F

**Suffix**

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

**County/Local Entity \*  
(?)** Marlborough Township

**Position \* (?)** Planning Commission Board

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Retired

## 07 Year

**Year \* (?)** 2019  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors? \* (?)**

No

## 10 Direct or Indirect Sources of Income

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

No

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

I Accept

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

No

## 14 Financial Interest in any Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

Additional  
comments or  
explanations about  
any of the above  
sections:

**Confirmation \***

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

I Confirm

---

**Signature \* (?)**

**Date**

[REDACTED]

**2020-04-06**

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

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 Airy St Norristown PA 19404 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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: Chase, Bank of America, Marcus Address: P.O. Box 15019, Wilmington, DE 19850

Po Box 6294, Carol Stream IL 60197 Interest Rate: 0%

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

Name: Montgomery County Address: 2 East Airy Street, Norristown PA 19404

(OFFICIAL USE ONLY)

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

Source of Gift: [ ] Value of Gift: [ ]

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

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

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

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

Business Entity (Name and Address): [ ] Position Held (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 proscribed by the State Election Code, 54 Pa.C.S. § 1109(a) (relating to the duties and powers of the State Ethics Commission) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 4/14/21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

**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 \* (?)      Laura

Last Name \* (?)      Frein

Middle Initial      B

Suffix

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \*** (?) Public Official (Current)

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

**County \*** (?) Montgomery County

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

**Other County/Local  
Entity \*** (?) Montgomery County Transportation  
Authority

**Position \*** (?) Board Member

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation  
or Profession \*** (?) Marketing and Business Development  
Manager

## 07 Year

**Year \*** (?) 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Are you amending your form as to creditors? \*

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

<b>Name</b> * (?)	Michael Baker International	
<b>Address</b> * (?)	Street Address	
	500 Grant St	
	Address Line 2	
	Suite 5400	
	City	State / Province / Region
	Pittsburgh	pa
	Postal / Zip Code	Country
	15219	

## 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**

[REDACTED]

**2020-04-21**

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

Gallagher Bridget

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

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

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

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

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

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

A Assistant District Attorney

B

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

A Montgomery County District

B Attorney

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.

Name: Address: Interest Rate

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

Name: Montgomery County District Attorney Address: 2 E. Ains St Norristown

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 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. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/28/21

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

G A L L A G H E R L A U R E N A

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

[REDACTED]

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

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

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

05 GOVERNMENTAL ENTITY in 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

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

Solicitor 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: see attached Address:

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

Name: 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.

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 3/30/2021

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

**Statement of Financial Interests**  
**Lauren Gallagher – 2020 calendar year**

**Block 05**

Upper Gwynedd Township  
Falls Township  
Abington Township  
Bensalem Township  
Newtown Borough  
Borough of Conshohocken Authority  
East Norriton Plymouth Whitpain Joint Sewer Authority  
Richland Township Water Authority  
Northampton, Bucks County, Municipal Authority  
Montgomery County Clerk of Courts

**Block 09**

<i>Creditor</i>	<i>Interest Rate</i>
Nelnet Servicing, LLC, d/b/a Firstmark Services PO Box 82522 Lincoln, NE 68501	3.29%
Nissan Finance/NMAC P.O. Box 660360 Dallas, TX 75266	4.75%

**Block 10**

Rudolph Clarke, LLC, 7 Neshaminy Interplex, Suite 200, Trevose, PA 19053  
County of Montgomery, 425 Swede Street, PO Box 311, Norristown, PA 19404

**Block 13**

<i>Employer</i>	<i>Position Held</i>
Rudolph Clarke, LLC 7 Neshaminy Interplex, Suite 200 Trevose, PA 19053	Attorney/Partner
County of Montgomery 425 Swede Street, PO Box 311 Norristown, PA 19404	Solicitor

2021 APR -6 AM 10:13  
VOTER SERVICES  
MONTG. CO. PA  
R...

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 G a w r o n s k i J o s e p h C

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 Courthouse 4th Floor, P.O. 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 1

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

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

Name: See Attached Address: Interest Rate: See Attached

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

Name: Montgomery County Address: OFFICIAL USE ONLY  
 2021 APR 30 AM 10:55 RECEIVED

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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

4/23/21

THIS FORM

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

Addendum

Joseph C. Gawronski 2021 Statement of Financial Interests

<b>Creditor</b>	<b>Address</b>	<b>APR</b>
Cross River Bank	885 Teaneck Rd. Teaneck, NJ 07666	9.91%
Capital One Auto Finance	P.O. Box 60511 City of Industry, CA 91716	5.99%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

Simpotcaro Sharon

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

District Attorney's Office, P.O. Box 311 Norristown PA 19304 (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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

A Deputy District Attorney  seeking  hold  held

B  seeking  hold  held

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

A Montgomery County

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

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

Name: Montgomery County Address: \_\_\_\_\_

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 9/15/21

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 East Airy Street Norristown PA 19405

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

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

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

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

A Assistant District Attorney  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: 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: FedLoan Servicing Address: P.O. Box 790234 St. Louis, MO 63179-0234 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) IF NONE, check this box.  (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 (unlawful falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [Redacted] Enter Current Date: 4/26/2021

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

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2021 APR 30 10:57 AM

# 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

MONTGOMERY COUNTY COURTHOUSE, P.O. BOX 311 NORRISTOWN PA 19404 (610) 2783140

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR 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: Address: Interest Rate

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

Name: MONTGOMERY COUNTY Address: P.O. BOX 311, NORRISTOWN, PA19404

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 49 Pa.C.S. § 1004 (unsworn false testimony) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/27/21

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		
---	---	---	---	---	---	---	---	---	---	--	--

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

COURTHOUSE, 4<sup>TH</sup> FL., SWEDE & AIKEY STS. NORRISTOWN PA 19404 (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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

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) 07 YEAR SEE INSTRUCTIONS.

SAME Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 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: Address: Interest Rate:

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

Name: 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)

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Signature \_\_\_\_\_ Enter Current Date 4/26/21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing?\***

Yes

**01 Name**

**First Name** \* (?) Jeffrey

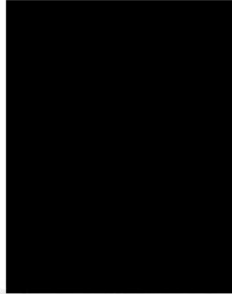
**Last Name** \* (?) Guzy

**Middle Initial** D

**Suffix**

## 02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) Public Official (Current)

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

County \* (?) Montgomery County

County/Local Entity \*  
(?) Upper Providence Township

Position \* (?) Transportation Authority Board Member

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Engineer

## 07 Year

Year \* (?) 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Are you amending your form as to creditors? \*

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

<b>Name</b> * (?)	RK&K		
<b>Address</b> * (?)	Street Address		
	680 American Avenue, Suite 300		
	Address Line 2		
	City	State / Province / Region	
	King of Prussia	PA	
	Postal / Zip Code	Country	
	19406		

## 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** \* (?)

[REDACTED]

**Date**

2020-03-31

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THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) Veronica

Last Name \* (?) Harris

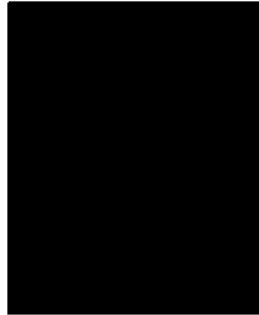
Middle Initial C

Suffix

RECEIVED  
2021 MAR 17 PM 12:47  
VOTING SERVICES  
PA

## 02 Address

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



State / Province / Region

Pennsylvania

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 \* (?) Public Employee (Current)

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

County \* (?) Montgomery County

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

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

Position \* (?) Recycling Manager

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Manager

## 07 Year

Year \* (?) 2020

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Do you have reportable creditors? \* (?)

Yes

## Creditors

**Name** \* (?) OSLA Student Loan Servicing

**Address** (?) 525 Central Park Drive, suite 600

**City** \* Oklahoma City

**State** \* OK

**Zip Code** 73105

**Interest Rate** \* 7.6  
Exclude the "%" symbol

**Name** \* (?) Fifth Third Bank

**Address** (?) PO Box 630778

**City** \* Cincinnati

**State** \* OH

**Zip Code** 45263

**Interest Rate** \* 4.99  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** \* (?) Montgomery County

**Address** \* (?)

Street Address	
425 Swede St	
Address Line 2	
PO Box 311	
City	State / Province / Region
Norristown	PA
Postal / Zip Code	Country
19403-.033	

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer \***

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

I Accept

**12 Transportation, Lodging, Hospitality**

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

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer \***

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

I Accept

**13 Office, Directorship, or Employment in any Business**

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

No

**14 Financial Interest in any Legal Entity in Business for Profit**

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

No

**15 Business Interests Transferred to Immediate Family Member**

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation \***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

I Confirm

**Signature \* (?)**

[Redacted Signature]

**Date**

2021-03-17

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name** \* (?) Marla

**Last Name** \* (?) Hexter

**Middle Initial** J

**Suffix**

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

**Other County/Local  
Entity \* (?)** Montgomery County Agricultural Land  
Preservation Board

**Position \* (?)** Member

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

Yes

Selecting "Yes" will allow for additions below.

**Status \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

**County/Local Entity \*  
(?)** Lower Frederick Township

**Position \* (?)** Supervisor

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Retired

## 07 Year

Year \* (?)

2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

Do you have reportable real estate interests? \*  
(?)

No

## 09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

Name \* (?)

The Boeing Company - corporate office

Address \* (?)

Street Address

100 North Riverside Plaza

Address Line 2

City

Chicago

Postal / Zip Code

60606

State / Province / Region

IL

Country

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

Gifts Disclaimer \*

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

Transportation, Lodging, & Hospitality Disclaimer \*

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

I Accept

### 13 Office, Directorship, or Employment in any Business

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

No

### 14 Financial Interest in any Legal Entity in Business for Profit

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

No

### 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional comments or explanations about any of the above sections:**

I received capital gains from the sale of Boeing Co. stock in 2019

**Confirmation \***

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

I Confirm

**Signature \* (?)**

**Date**

[Redacted Signature]

2020-04-19

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 FIRST NAME MI SUFFIX

H	I	G	H	L	A	N	D	W	I	L	L	I	A	M	H	
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02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

2 East Airy 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 1

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

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

Name: Nelnet Student Loans Address: Po Box 82561 Lincoln, Nebraska, 68501 Interest Rate: 6%

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

Name: Montgomery County Address: 2 East Airy Street, 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 by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/27/2021

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 HUGHES FIRST NAME LAUREN MI A SUFFIX

02 ADDRESS office (business or governmental) or home The Montgomery Plaza, 8th Floor City NOVISTOWN State PA Zip Code 19440 Area Code (610) Phone 278-3507

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Sr Assistant Solicitor  seeking  hold  held

B

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

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Sr. Assistant Solicitor

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2021

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

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

Name: Bank of America Address: PO Box 15614 Wilmington, PE Interest Rate 16.95%

American Express 24.74%

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

Name: Rental Income Address: [REDACTED]

(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)

Name: Cadcom Address: 113 E. Main St, Novistown, PA Position Held (i.e., officer, director, employee, etc.) 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

Lauren Ashley, LLC [REDACTED] Interest Held (i.e., 5%, 10%, etc.) 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY (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. 1109(b).

Signature [REDACTED] Enter Current Date 3/29/2021

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

*Amended*  
**STATEMENT OF FINANCIAL INTERESTS**  
PLEASE PRINT NEATLY

01 LAST NAME HUGHES FIRST NAME LAUREN MI A SUFFIX

02 ADDRESS office (business or governmental) or home One Montgomery Plaza, 8th Floor City Norristown State PA Zip Code 19380 Area Code (610) Phone 278-3507

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)  
A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Sr Assistant Solicitor  
B  seeking  hold  held

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Sr. Assistant Solicitor  
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: PO Box 15619 Wilmington, DE Interest Rate: 16.9%  
American Express Interest Rate: 24.74%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.   
Name: Rental Income Address: [REDACTED] (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): Cadcom Position Held (i.e., officer, director, employee, etc.): Director  
Address: 113 E. Main St, Norristown, PA

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.   
Name and Address of Business: Lauren Ashley, LLC 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] Interest Held Relationship Date Transferred: \_\_\_\_\_

The undersigned hereby certifies that the information furnished on this form is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).  
Signature: \_\_\_\_\_  
THIS FORM IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Enter Current Date 3/29/2021  
4)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J	A	P	P	E						A	D	R	I	E	N	N	E			D	
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02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

Montgomery Cty. Courthouse, 4th Floor 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

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

A ASSISTANT DISTRICT ATTORNEY

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR 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: Address: Interest Rate

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

Name: MONTGOMERY COUNTY Address: COURTHOUSE, 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 18 Pa.C.S. § 4904 (penalties for falsifying to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

[Redacted Signature]

Enter Current Date 4/20/21

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

J O H N S O N J E D A

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

Montgomery County Youth Center 580 Port Indian Rd 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

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

B

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

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

B

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

Deputy Director 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: Address: Interest Rate

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

Name: Montgomery County Address: Youth Center, 580 Port Indian Rd Norstown PA 19403

(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).

Signature [Redacted] Enter Current Date 3/25/2021

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  
JOHNSON KAREN D

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
ONE MONTGOMERY PLAZA, BOX 311 NORRISTOWN PA 19404 (610) 278-3533

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

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

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

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A 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: 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 page 2) If NONE, check this box.  (OFFICIAL USE ONLY)  
Name: STEVEN FAIRLIE Address: 951 MORRIS ROAD BLUE BELL, PA 19422

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  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 RYTE KAST ENT. CEASED CONDUCTING BUSINESS. ASSETS REMAIN IN BANK ACCT OF WHICH I HAVE NO ACCESS 5/8/20

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 19, 2021

IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.  
(3 of 4)

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2021 APR 19 AM 10:52  
OFFICE OF  
SERVICES  
NTR. CO. PA

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) Bernadette

Last Name \* (?) Kearney

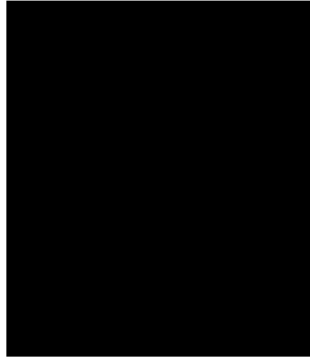
Middle Initial A

Suffix

RECEIVED  
2021 APR 30 AM 8:19  
OFFICE OF  
VETERAN SERVICES  
HARRISBURG, PA

## 02 Address

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



State / Province / Region

Pennsylvania

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 \* (?) Public Official (Current)

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

County \* (?) Montgomery County

County/Local Entity \* (?) North Wales Borough

Position \* (?) Zoning Hearing Board Solicitor

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

Yes

Selecting "Yes" will allow for additions below.

Status \* (?) Public Official (Current)

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

County \* (?) Bucks County

County/Local Entity \* (?) Warminster Township

Position \* (?) Zoning Hearing Board Solicitor

Status \* (?) Public Official (Current)

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

County \* (?) Bucks County

County/Local Entity \* (?) Pennel Borough

**Position** \* (?) Zoning Hearing Board Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Montgomery County

**County/Local Entity** \* (?) Upper Merion Township

**Position** \* (?) Assistant Township Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Berks County

**County/Local Entity** \* (?) Douglass Township

**Position** \* (?) Assistant Township Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Montgomery County

**County/Local Entity** \* (?) West Conshohocken Borough

**Position** \* (?) Assistant Borough Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Northampton County

**County/Local Entity** \* (?) Bangor Borough

**Position** \* (?) Special Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Chester County

**County/Local Entity** \* (?) East Whiteland Township

**Position \*** (?) Assistant Township Solicitor

**Status \*** (?) Public Official (Current)

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

**County \*** (?) Chester County

**County/Local Entity \*** (?) West Vincent Township

**Position \*** (?) Assistant Township Solicitor

**Status \*** (?) Public Official (Current)

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

**County \*** (?) Montgomery County

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

**Other County/Local Entity \*** (?) Montgomery County Board of View

**Position \*** (?) Attorney member of Board of View

## 06 Occupation or Profession

**Current Occupation or Profession \*** (?) Attorney

## 07 Year

**Year \*** (?) 2020  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors? \*** (?) Yes

## Creditors

**Name \*** (?) Chase Visa

**Address** (?) P.O. Box 1423  
**City**\* Charlotte  
**State**\* North Carolina  
**Zip Code** 28201  
**Interest Rate**\* 12.24  
Exclude the "%" symbol

**Name**\* (?) American Express  
**Address** (?) P.O. Box 1270  
**City**\* Newark  
**State**\* New Jersey  
**Zip Code** 07101-1270  
**Interest Rate**\* 29.24  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

### Source of Income

**Name**\* (?) Hamburg Rubin Mullin Maxwell & Lupin PC  
**Address**\* (?)  
Street Address  
375 Morris Road  
Address Line 2  
P O Box 1479  
City State / Province / Region  
Lansdale PA  
Postal / Zip Code Country  
19446

**Name**\* (?) County of Montgomery  
**Address**\* (?)  
Street Address  
Controller's Officer  
Address Line 2  
One Montgomery Plaza, 5th Floor  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19404-0311

**Name**\* (?) Terra Firma Conshohocken LLC

**Address**\* (?)      Street Address  
375 Morris Road  
Address Line 2  
P.O. Box 1479  
City      State / Province / Region  
Lansdale      PA  
Postal / Zip Code      Country  
19446

## 11 Gifts

**Have you received any reportable gifts?**\* (?)

No

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

Yes

### Business Entity

**Name**\* (?)      Hamburg Rubin Mullin Maxwell & Lupin PC

**Address**\* (?)      Street Address  
375 Morris Road  
Address Line 2  
P.O. Box 1479  
City      State / Province / Region  
Lansdale      PA  
Postal / Zip Code      Country  
19446

**Position Held**\* (?)      Attorney

**Name**\* (?)      Victim Services of Montgomery County, Inc.

**Address \* (?)** Street Address  
325 Swede Road  
Address Line 2  
2nd Floor  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19401

**Position Held \* (?)** Secretary

**Name \* (?)** Nor-Gwyn Pool Commission

**Address \* (?)** Street Address  
P.O. Box 1074  
Address Line 2  
City State / Province / Region  
North Wales PA  
Postal / Zip Code Country  
19454

**Position Held \* (?)** Attorney

#### 14 Financial Interest in any Legal Entity in Business for Profit

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

No

#### 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation \***

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

I Confirm

**Signature \* (?)**

**Date**

2021-04-27

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

**HRMM&L**  
**HAMBURG, RUBIN, MULLIN,**  
**MAXWELL & LUPIN, PC**  
ATTORNEYS AT LAW

SFI

[www.HRMML.com](http://www.HRMML.com)

July 13, 2020

J. Edmund Mullin  
Steven H. Lupin  
Douglas I Zeiders  
Carl N. Weiner  
Jonathan Samel, LL.M.  
Merle R. Ochrach  
Mark F. Himsworth  
Steven A. Hann  
Steven B. Barrett  
Christen G. Pionzio  
Joseph J. McGrory, Jr.  
Ethan R. O'Shea  
Bernadette A. Kearney  
Paul G. Mullin  
John J. Iannoizzi  
William G. Roark  
Andrew P. Grau, LL.M.  
Susan E. Piette  
Lisa A. Shearman  
Nathan M. Murawsky  
Timothy P. Briggs  
Kathleen A. Maloles  
John F. Walko  
Steven J. English  
Michael A. Luongo  
Noah Marlier  
Kevin M. McGrath  
Graham R. Bickel  
Daniel L. Maschi

Montgomery County Controller  
1 Montgomery Plz # 508  
Norristown, PA 19401

**Re: Statement of Financial Interests - 2020**

Dear Sir or Madam:

Enclosed is my 2019 Statement of Financial Interests completed on behalf of my position as Chair of one of the Boards of View.

Please call me if you have any questions, [REDACTED] Thank you.

Very truly yours,

HAMBURG, RUBIN, MULLIN,  
MAXWELL & LUPIN

By: [REDACTED]

BERNADETTE A. KEARNEY

0

OF COUNSEL:  
John C. Rafferty, Jr.

**LANSDALE**  
ACTS Center – Blue Bell  
375 Morris Road  
Post Office Box 1479  
Lansdale, PA 19446-0773  
Phone 215-661-0400  
Fax 215-661-0315

BAK:ch  
Enclosure

**LIMERICK**  
**HARRISBURG**

**Position** \* (?) Zoning Hearing Board Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Montgomery County

**County/Local Entity** \* (?) Upper Merion Township

**Position** \* (?) Assistant Township Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Berks County

**County/Local Entity** \* (?) Douglass Township

**Position** \* (?) Assistant Township Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Montgomery County

**County/Local Entity** \* (?) West Conshohocken Borough

**Position** \* (?) Assistant Township Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Northampton County

**County/Local Entity** \* (?) Bangor Borough

**Position** \* (?) Special Solicitor

**Status** \* (?) Public Official (Current)

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

**County** \* (?) Montgomery County

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

**Other County/Local Entity**\* (?) Montgomery County Board of View

**Position**\* (?) Attorney member on the Board of View

**Status**\* (?) Public Official (Current)

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

**County**\* (?) Chester County

**County/Local Entity**\* (?) East Whiteland Township

**Position**\* (?) Assistant Township Solicitor

**Status**\* (?) Public Official (Current)

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

**County**\* (?) Chester County

**County/Local Entity**\* (?) West Vincent Township

**Position**\* (?) Assistant Township 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

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

## 09 Creditors

**Do you have reportable creditors?**\* (?) Yes

### Creditors

**Name**\* (?) Chase Visa

**Address** (?) P.O. Box 1423

**City**\* Charlotte

**State**\* North Carolina

**Zip Code** 28201

**Interest Rate**\* 13.74  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

### Source of Income

**Name**\* (?) Hamburg Rubin Mullin Maxwell & Lupin, PC

**Address**\* (?)

Street Address  
375 Morris Road  
Address Line 2  
P.O.Box 1479  
City Lansdale State / Province / Region PA  
Postal / Zip Code 19446 Country

**Name**\* (?) Terra Frima Conshohocken LLC

**Address**\* (?)

Street Address  
375 Morris Road  
Address Line 2  
P.O. Box 1479  
City Lansdale State / Province / Region PA  
Postal / Zip Code 19446 Country

**Name**\* (?) County of Montgomery

**Address**\* (?)

Street Address  
Controller's Office  
Address Line 2  
Box 311  
City Norristown State / Province / Region PA  
Postal / Zip Code 19404-0311 Country

## 11 Gifts

**Have you received any reportable gifts? \*** (?)

No

**Gifts Disclaimer \***

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer \***

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

Yes

### Business Entity

**Name \*** (?) Victim Services of Montgomery County, Inc.

**Address \*** (?)  
Street Address  
325 Swede Street  
Address Line 2  
2nd Floor  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19401

**Position Held \*** (?) President & Secretary of Board of Directors

**Name \*** (?) Hamburg Rubin Mullin Maxwell & Lupin, PC

**Address \*** (?)  
Street Address  
375 Morris Road  
Address Line 2  
P.O. Box 1479  
City State / Province / Region  
Lansdale PA  
Postal / Zip Code Country  
19446

**Position Held \*** (?) Attorney

## 14 Financial Interest in any Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

### Confirmation \*

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

I Confirm

**Signature \* (?)**

[REDACTED]

**Date**

2020-07-12

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

**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

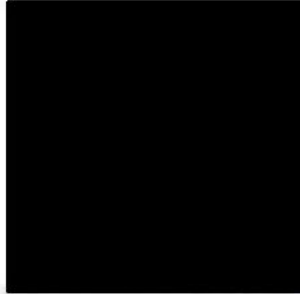
Last Name \* (?) Kennedy

Middle Initial H

Suffix

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

**Other County/Local  
Entity \* (?)** Montco Transportation Authority

**Position \* (?)** Member

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Land Planner

## 07 Year

**Year \* (?)** 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

Are you amending your form as to creditors? \*

No

## 10 Direct or Indirect Sources of Income

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

No

## 11 Gifts

Are you amending your form as to gifts? \*

No

## 12 Transportation, Lodging, Hospitality

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

No

## 13 Office, Directorship, or Employment in any Business

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

No

## 14 Financial Interest in any Legal Entity in Business for Profit

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

No

## 15 Business Interests Transferred to Immediate Family Member

Are you amending your form as to 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

2020-04-08

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 Kennedy FIRST NAME Michael MI S SUFFIX

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

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

03 STATUS Check applicable box or boxes, more than one box may be marked. (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 box if you are filing as a solicitor H  Check this box if you are amending an original filing

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

A School Director  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are serving (city, borough, board, commission, county, school district, twp, etc.)

A North Peabody Trict

06 OCCUPATION OR PROFESSION (This includes part-time or seasonal work)

Teacher

07 YEAR LISTED HERE: 2020

08 REAL ESTATE INTERESTS (See instructions on page 2)

09 CREDITORS (See instructions on page 2)

Name: See Attached

10 DIRECT OR INDIRECT SOURCES OF INCOME (See instructions on page 2)

Name: See Attached

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: See Attached 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: 3-22-21

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

*Amended Statement of Financial Interest*

RECEIVED  
2021 APR 3 AM 11:30  
STATE ETHICS COMMISSION

Attachment to statement of financial interests

Michael S. Kennedy

Blocks 6 and 10: Occupation or Profession, Source of Income

Full Time Teacher, Philadelphia School District  
440 North Broad Street  
Philadelphia PA, 19130  
Gross Pay: \$92,000

Part Time Merchandiser Canada Dry  
Rte. 100 Pennsauken NJ, 08102  
Gross Pay: \$11,000

Wife: Gianna Kennedy  
Part Time, Home Office supervision,  
Hornor, Townsend, and Kent LLC  
600 Dresher Rd,  
Horsham PA 19044  
Gross Pay: \$50,000

Block 9: Creditors

Well Fargo Bank  
PO Box 14411  
Des Moines, IA 50306-3411  
Interest Rate: 4.625%

Blocks 10 and 14: Source of Income and Financial Interest

Rental Property  
Cody W. Dagutis

Gross profit: \$4,400

2021 APR 13 AM 11:35  
RECEIVED  
COUNTY CO. PA

RECEIVED  
1003 22 2021  
D. B. ... NPSD

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 Kilkenny Sean 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

A Sheriff  seeking  hold  held

B Solicitor  seeking  hold  held

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

A Montgomery County Sheriff

B Montgomery County Comm College

See con sheet

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

Sheriff / 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: Barclays (Credit Card) Address: TD Bank (Line of Credit) Interest Rate: 14% / 4%

Po Box 8801, Wilmington DE 19899 710 Old York Rd, Jenkintown PA 19046

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

Name: Montgomery County Address: Kilkenny Law, LLC

P.O. Box 311, Norristown 19403 519 Swede 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.  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: Kilkenny Law, LLC Address: 519 Swede St, Norristown PA 19401 Owner

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

Name and Address of Business: Kilkenny Law, LLC, 519 Swede St, Norristown 19401 100%

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is 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

2/3/21

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

Statement of Financial Interests Continuation Page (Sean Kilkenny, 2020)

- 5a. Centennial School District Solicitor, East Norriton Township Solicitor, West Norriton Township, Municipality of Norristown Solicitor, Whitemarsh Township Solicitor, Montgomery Township Solicitor, Upper Moreland Township Solicitor, Upper Darby Township Solicitor, and Jenkintown Borough Solicitor.
9. Ardent Credit Union, 110 Black Rock Rd, Phoenixville, PA 19460, 4% (auto loan)
10. Friedman-Schuman, 101 Greenwood Ave, Jenkintown 19046
13. FSALAW Investors, 101 Greenwood Ave., Jenkintown 19046
14. FSALAW Investors, 101 Greenwood Ave., Jenkintown 19046, 12.5% Ownership

# 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

PO BOX 311 Norristown PA 19384 (610) 278-3137

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

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

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

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

Check this box if you are amending an original filing

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

A 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. 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.

[Redacted] Partial Rental

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

Name: Address: Interest Rate:

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

Name: Stampone O'Brien Dilshemer Law Address: 500 Cottman Ave. Cheltenham PA 19012

(OFFICIAL USE ONLY) 2021 APR 30 11:10:55 RECEIVED

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 4-26-21

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name** \* (?) Steven

**Last Name** \* (?) Kline

**Middle Initial** N

**Suffix**

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

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

**Other County/Local  
Entity \* (?)** Montgomery County Planning Commissioner

**Position \* (?)** Member/Chair

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

Yes

Selecting "Yes" will allow for additions below.

**Status \* (?)** Public Official (Current)

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

**County \* (?)** Montgomery County

**County/Local Entity \* Abington Township  
(?)**

**Position \* (?)** Commissioner

## 06 Occupation or Profession

**Current Occupation  
or Profession \* (?)** Architect/Builder

## 07 Year

**Year** \* (?) 2019  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors?** \* (?)  
Yes

### Creditors

**Name** \* (?) Bayview Loan Servicing  
**Address** (?) PO Box 740410  
**City** \* Cincinnati  
**State** \* Ohio  
**Zip Code** 45274-0410  
**Interest Rate** \* 5.25  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

### Source of Income

**Name** \* (?) Regan Construction Co., Inc.  
**Address** \* (?)  
Street Address 7670 Queen Street, Suite 200  
Address Line 2  
City Wyndmoor State / Province / Region PA  
Postal / Zip Code 19038 Country

**Name** \* (?) Regan Kline Cross, LLC

**Address \*** (?) Street Address  
7670 Queen Street, Suite 200  
Address Line 2  
City State / Province / Region  
Wyndmoor PA  
Postal / Zip Code Country  
19038

**Name \*** (?) Township of Abington

**Address \*** (?) Street Address  
1176 Old York Road  
Address Line 2  
City State / Province / Region  
Abington PA  
Postal / Zip Code Country  
19001

## 11 Gifts

**Have you received any reportable gifts? \*** (?)

No

**Gifts Disclaimer \***

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

I Accept

## 12 Transportation, Lodging, Hospitality

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

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer \***

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

I Accept

## 13 Office, Directorship, or Employment in any Business

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

Yes

### Business Entity

**Name \*** (?) Regan Construction Co., Inc.

**Address \*** (?) Street Address  
7670 Queen Street, Suite 200  
Address Line 2  
City State / Province / Region  
Wyndmoor PA  
Postal / Zip Code Country  
19038

**Position Held \*** (?) Vice President

**Name \*** (?) Regan Kline Cross, LLC

**Address \*** (?) Street Address  
7670 Queen Street, Suite 200  
Address Line 2  
City State / Province / Region  
Wyndmoor PA  
Postal / Zip Code Country  
19038

**Position Held \*** (?) Partner

**Name \*** (?) Township of Abington

**Address \*** (?) Street Address  
1176 Old York Road  
Address Line 2  
City State / Province / Region  
Abington PA  
Postal / Zip Code Country  
19001

**Position Held \*** (?) Commissioner/Vice President

**Name \*** (?) Montgomery County Planning Commission

**Address \*** (?) Street Address  
One Montgomery Plaza  
Address Line 2  
425 Swede Street, Suite 201  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19401

**Position Held \*** (?) Member/Chair

## 14 Financial Interest in any Legal Entity in Business for Profit

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

Yes

## Business Entity

**Name \*** (?) Regan Construction Co., Inc.

**Address \*** (?)  
Street Address  
7670 Queen Street, Suite 200  
Address Line 2  
City Wyndmoor State / Province / Region PA  
Postal / Zip Code 19038 Country

**Interest Held \*** (?) 25  
Exclude the "%" symbol

**Name \*** (?) Regan Kline Cross, LLC

**Address \*** (?)  
Street Address  
7670 Queen Street, Suite 200  
Address Line 2  
City Wyndmoor State / Province / Region PA  
Postal / Zip Code 19038 Country

**Interest Held \*** (?) 33  
Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

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

No

**Additional comments or explanations about any of the above sections:**

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

I Confirm

**Signature \*** (?)

**Date**

2020-03-23

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 H L E R T H O M A S J

02 [REDACTED]

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

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

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

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

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

A U P P E R M E R I O W T R A N S P O R T A T I O N A U T H O R I T Y  seeking  hold  held

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

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

A P A H O U S E O F R E P R E S E N T A T I V E - D E M C R A C K U S

B

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

LEGISLATIVE ASS T. 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: 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.

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 information provided is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 1109(b) of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [REDACTED] Enter Current Date 4/20/2021

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

RECEIVED  
2021 MAY 13 PM 2:50  
OFFICE OF  
VOTER SERVICES  
MONTGOMERY PA

09 Creditors

Wells Fargo Auto  
PO Box 6294  
Carol Stream, IL 60197  
24% \$13,370.00

Credit Control LLC  
5757 Phantom Dr Suite 300  
Hazelwood, MO 63042  
\$10,346.13

10 Direct Sources of Income

PA House Democratic Caucus  
123 Irvis Office Building  
Harrisburg, PA 17120

Upper Merion Area School District  
435 Crossfield Rd.  
King of Prussia, PA 19406

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 KOHLER THOMAS 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

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 MONTGOMERY CO TRANSPORTATION AUTH.

B UPPER MERION TRANSPORTATION AUTH.

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

A PA HOUSE DEMOCRATIC CAUCUS

B

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

LEGISLATIVE ASST. 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: 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.

Name: PA House DEM CAUCUS Address: PA STATE CAPITAL HARRISBURG  
UPPER MERION AREA SCHOOL DISTRICT 435 CROSSFIELD RD WEST 19146

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 affirm to the penalties prescribed by correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the 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 BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

C + SE CREDIT SERVICES

0 Box 294

Area TEAM IL 6019

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85038 - 9704

15 00

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 K O N N I C K J A M E S A

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

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

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

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

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

Check this box if you are amending an original filing

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

A BOARD MEMBER  seeking  hold  held

B

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

A M O N T G O M E R Y C O U N T Y H I G H E R E D U

B

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

Consultant Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 2 1

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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: 5/5/21

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
	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
	Courthouse - 4th Fl. P.O. 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this box if you are filing as a solicitor	<input type="checkbox"/> Check this box 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 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 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: U.S. Dept. of Education (student loans)	Address: 400 Maryland Ave., SW, Wa. DC, 20202	Interest Rate
---	---	---------------

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

Name: Temple University	Address: 1801 N. Broad Street Philadelphia, PA 19122	(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 the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

4/21/21

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  
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 Airy Street 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY

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

A DISTRICT ATTORNEY'S OFFICE

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR 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: Please See Attached Address: Interest Rate: Please See Attached

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

Name: 1. Montgomery County, PA 2. Temple University (spousal employment) 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 4/27/2021

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

Addendum page to Statement of Financial Interests for Vanessa N. Konoval

Block 09: Creditors

Chase Bank NA – interest rate 12.99%

Capital One – interest rate 6.72%

United States Department of Education – interest rate 0%

Wells Fargo Bank – interest rate 7.99%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

K O P E C K I K A T H E R I N E

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

2 E. Amy 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

A ASSISTANT DISTRICT ATTORNEY

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

A MONTGOMERY COUNTY

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

Assistant District Attorney

07 YEAR 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.  Interest Rate

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

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

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%, 0%, 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: 4/21/21

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



KULL, GWENDOLYN M

2019 STATEMENT OF FINANCIAL INTERESTS  
BOX 09 CREDITORS ADDENDUM

FEDLOAN SERVICING  
PO BOX 69184  
HARRISBURG PA 17106-9184  
INTEREST RATE: 6% FIXED (0% - COVID relief 2020)

AMERICAN HONDA FINANCE  
PO BOX 7829  
PHILADELPHIA PA 19101-7829  
INTEREST RATE: 1.9%

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME **LANKFORD** FIRST NAME **JAMES** MI **M** SUFFIX

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

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

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

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

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

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

A **BOARD MBR HIGHER EDUCATION AN**  seeking  hold  held

B **EALTH UTORIT**

05 GOVERNMENTAL ENTITY in 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) **office iness**

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.

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

Name: **Lankford Automotive & Coach Co.** Address: **Foreign Rd PA 191**

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, etc.)

Name: **Lankford Automotive & Coach Co.** Address: **05** **Pres CEO**

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

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

**Lankford Automotive & Coach Co.** **100%/100%**

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature **[Redacted]** Enter Current Date **5/6/2021**

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

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 Area Code Phone

P.O. Box 311 Norristown PA 19404 610 278-3098

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

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

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

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

Check this box if you are amending an original filing

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

A 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 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: Address: Interest Rate

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

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

(OFFICIAL USE ONLY) RECEIVED 20 APR 30 10:57

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 laws of this State (relating to perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature  Enter Current Date 4/19/21

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 19404 610 278-2195

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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: Fed Loan Servicing Address: P.O. Box 69184, Harrisburg, PA Interest Rate: 7.08%  
 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 page 2) If NONE, check this box.

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

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

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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: 7/16/21

# 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 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 D A ' S O F F I C E

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 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.  Interest Rate

Name: Direct Loans Address: P.O. Box 6184, Harrisburg PA 17106 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 page 2) If NONE, check this box.  (OFFICIAL USE ONLY)

Name: Montgomery County Address: 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.  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 \_\_\_\_\_ Enter Current Date 4/27/2021

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  
MATEJA TAYLOR M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
ONE MONTGOMERY PLAZA P.O. Box 311 MREISTOWN 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

A SECOND DEPUTY TREASURER

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)  
Second Deputy Treasurer

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 Attachment Address: Interest Rate

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

Name: See Attachment 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.)

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. § 1104 (perjury/falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date

7/1/2021

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

Taylor M. Mateja

2020 Statement of Financial Interests – Attachments

9. CREDITORS

- a. Lendkey, 4445 Lake Forest Drive, Wilmington, OH 45242, 2.00%
- b. Nelnet, 121 South 13<sup>th</sup> 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

Mc Cann Edward F Jr

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

Montgomery County Courthouse, 4th Floor Norristown Pa 19381 (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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Assistant District Attorney  seeking  hold  held

B Key  seeking  hold  held

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

A Montgomery County

B

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

First 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.

Name: See attached sheet Address: Interest Rate 2022

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

Name: see attached sheet Address: (OFFICIAL USE ONLY) RECEIVED

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 [Redacted] Enter Current Date 4-23-21

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

09 Creditors:

Pennsylvania State Employees Credit Union – 3.24%

Nelnet Parent Plus Loans – various interest rates from 6.31 to 7.21%

10 Income:

Montgomery County

Temple University Beasley School of Law

Baratta, Russell and Baratta (wife's employment)

Referral fee from Wilkes and McHugh, P.C.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M	C	G	I	N	N	I	S	K	E	L	L	I	A	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

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

COURTHOUSE, 4TH FLOOR NORRISTOWN PA 19404 610 ) 2785999

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

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

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

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

A 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: FedLoan Servicing Address: 1200 n 7th st, harrisburg pa 17102 Interest Rate: 8%

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

Name: MONTGOMERY COUNTY Address: PO BOX 311, NORRISTOWN PA 19404 (OFFICIAL USE ONLY)

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

Source of Gift Value of Gift

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

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

Source (Name and Address) Value

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

Business Entity (Name and Address) Position Held (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 4/27/20

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
	M c G o l d r i c k	T h o m a s	W	

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 Montgomery County Courthouse, P.O. # 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

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

Check this box if you are amending an original filing

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

A 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 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: AES (Student Loans) Address: Interest Rate: 6.5%

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

Name: Montgomery County DA's Office 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 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 4/14/21

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

McGuckin Robert

02 ADDRESS (office/business or government) home City State Zip Code

[REDACTED]

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

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

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Upper Dublin  seeking  hold  held

B Solicitor Montco Sheriff

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

A UPPER Dublin Township

B Montgomery County Sheriff

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

Government Affairs 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: See Attached Address: Interest Rate

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

Name: See Attached 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: See attached 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 attached 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 Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 5/10/2021

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

ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS

May 5, 2021

Robert H. McGuckin

- 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. 1<sup>st</sup> Ave., Clifton NJ 07011  
b) Verizon Communications; 2 Valley Square, Blue Bell, PA 19422  
c) On The Ball Training, [REDACTED]  
d) Upper Dublin Township, 801 Loch Ash Ave., Ft. Washington, PA 19034  
e) Montgomery County Sheriff, PO Box 311, Norristown PA 19404  
f) 158 Wyomissing Drive, Pocono Lake, PA.  
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. 1<sup>st</sup> Ave., Clifton NJ 07011; employee  
b) Verizon Communications/ Manager State and Local Government Affairs; 2 Valley Square, Blue Bell, PA 19422; employee  
c) OMEGA Commercial Real Estate, Inc., Associate Broker, 485 Devon Park Drive, Suite 110, Wayne PA 19087; employee.  
d) Upper Dublin Township, Ward 7 Commissioner, 801 Loch Ash Ave., Ft. Washington, PA 19034; Elected Commissioner  
e) Montgomery County Sheriff, Solicitor, PO Box 311, Norristown PA 19404; Solicitor  
f) McGuckin Strategies, LLC, Principal, [REDACTED] Officer  
g) The Law offices of Robert H. McGuckin, Attorney, [REDACTED] PA 19002  
h) 824 Holdings LLC, [REDACTED]
- 14) a) McGuckin Strategies LLC, [REDACTED] (100%)  
b) 824 Holdings LLC, [REDACTED] (100%)

RECEIVED  
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MAY 11 2021 PA

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

Montgomery County 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 box or boxes, more than one box may be marked. (See instructions on page 2)

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

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.  (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 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.  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 1 Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/26/2021

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

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. \*

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) William

Last Name \* (?) McLay

Middle Initial

Suffix

REC'D  
2021 MAR 7 AM 8:43  
VOTING  
SES  
PA

## 02 Address

**Business, Governmental, Home, or Postal Address** \* (?)  
Street Address  
425 Swede St  
Address Line 2  
City  
Norristown  
State / Province / Region  
PA  
Postal / Zip Code  
19401  
Country

**Telephone** \* (?)  
[REDACTED]  
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** \* (?) Public Employee (Current)

**State or County/Local** \* (?) County/Local

**County** \* (?) Montgomery County

**County/Local Entity** \* \*\*Not Listed\*\*  
(?)

**Other County/Local Entity** \* (?) Not listed

**Position** \* (?) None

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** \*

No

Selecting "Yes" will allow for additions below

## 06 Occupation or Profession

**Current Occupation or Profession** \* (?) Cartographer

## 07 Year

**Year** \* (?) 2020  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have reportable real estate interests?** \*  
(?) No

## 09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes

### Source of Income

<b>Name</b> * (?)	County of Montgomery		
<b>Address</b> * (?)	Street Address		
	Court House		
	Address Line 2		
	City	State / Province / Region	
	Norristown	PA	
	Postal / Zip Code	Country	
	19404		

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer** \* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** \* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

## 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b)

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-17

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

M c M e n a m i n C a r a M

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

4th Floor, Montgomery County Courthouse Norristown PA 19404 610 ) x278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Assistant District Attorney Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County PA 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 in the Public and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [Redacted] Enter Current Date: 7/14/2021

THIS FORM IS TO BE COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county or local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. \*

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) Ann Marie

Last Name \* (?) Mochan

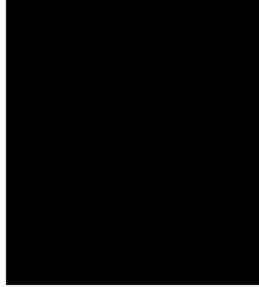
Middle Initial

Suffix

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2021 MAR 12 PM 1:50  
OFFICE OF  
VOTER SERVICES  
MCLELLAN, PA

02 Address

Business, Governmental, Home, or Postal 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 \* (?) Public Employee (Current)

State or County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* (?) \*\*Not Listed\*\*

Other County/Local Entity \* (?) Montgomery County

Position \* (?) Admin

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

No

Selecting "Yes" will allow for additions below

06 Occupation or Profession

Current Occupation or Profession \* (?) Admin

07 Year

Year \* (?) 2020

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? \* (?) No

09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

No

**Income Disclaimer \*** By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer \*** By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

**Transportation, Lodging, & Hospitality Disclaimer \*** By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

## 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation \***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

I Confirm

**Signature \* (?)**

**Date**

[REDACTED]

2021-03-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	M I L L S	L I N D S E Y	T	

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 Montgomery County DA's office Carthage 2 E. Arty St Norristown PA 610-278-315

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  Interest Rate

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.  (OFFICIAL USE ONLY)

Name: Montgomery County Dairy Farmers of America Address: 2 E. Arty St Norristown Kansas City, Kansas

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 (etg.))

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 law (relating to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [Redacted] Enter Current Date 4/27/21

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  
MONTGOMERY YVONNE B

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
One Montgomery Plaza, 425 Swede St. Norristown PA 19404 (610) 278-3065

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable 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, 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: 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: Tri State Capital Bank Address: 301 Green Street Suite 2100 Pittsburgh 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.  (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.  Interest Held (i.e., 5%, 10%, etc.)  
Name and Address of Business: 229 S. Easton Road LLC, 2447 Ashbourne Rd. Wyncote, PA 19095 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 the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

4/13/21

THIS IS

MAKE A COPY FOR YOUR RECORDS.

# 09 Creditors

# 2 BMW of America  
300 Chestnut Ridge Road  
Woodcliff Lake, NJ  
07677

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
 M O Y E R D A W T O N L

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
 2 E. Aicy St. Norristown 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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

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: 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: U.S. Department of Education Address: P.O. Box 82561  
 Lincoln, NE 68501-2561 Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County Address: 2 E. Aicy St.  
 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 by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 4/26/21

THIS FORM ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

Please check below if you have read and understand the above terms. \*

Yes I have read and understand the above the terms.

Are you amending a prior filing? \*

No

01 Name

First Name \* (?) Michael

Last Name \* (?) Narcowich

Middle Initial W

Suffix

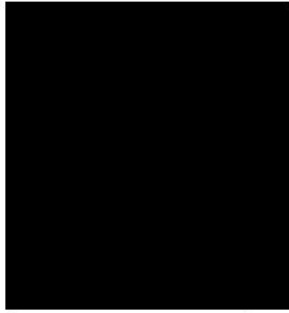
OFFICE OF  
VOTER SERVICES  
MARCH 12, 2021  
PA

2021 MAR 12 PM 1:50

RECEIVED

## 02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) Public Employee (Current)

State or  
County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* \*\*Not Listed\*\*  
(?)

Other County/Local  
Entity \* (?) Montgomery County

Position \* (?) Assistant Section Chief: Community Planning

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Assistant Section Chief: Community Planning

## 07 Year

Year \* (?) 2020

The calendar year for which this form is being filed.

## 08 Real Estate Interests

Do you have  
reportable real  
estate interests? \*  
(?) No

## 09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes

### Source of Income

<b>Name</b> * (?)	County of Montgomery		
<b>Address</b> * (?)	Street Address		
	P.O. Box 311		
	Address Line 2		
	City	State / Province / Region	
	Norristown	PA	
Postal / Zip Code	Country		
19404-0311			

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

### Gifts Disclaimer \*

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

### Transportation, Lodging, & Hospitality Disclaimer \*

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

## 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b)

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

N E L S O N E R I K A L

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

540 Port Indian Rd. Norristown 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A S H E L T E R S U P E R V I S O R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y Y O U T H C E N T E R

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Shelter Supervisor / Administrator 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.

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 page 2) If NONE, check this box.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (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: 4.5.21

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

NESTER GREGORY L

02 ADDRESS office (business or governmental) or home

[REDACTED]

NOTE: Do not include attachments, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 PUBLIC DEFENDER  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: 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: FED LOAN Servicing Address: Harrisburg, PA

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County Address: Courthouse, Norristown, PA

NESTER & GRIFFITH 1 E. Airy St. Norristown PA

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (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.)

Nester & GRIFFITH, 1 E. Airy St., Norristown PA 19444

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 4/20/21

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: OLIVIERI FIRST NAME: ANTHONY MI: J SUFFIX: S

02 ADDRESS: [REDACTED]

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Information Officer

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) See section 4

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: Citizens Bank Address: Phila PA Interest Rate: 2.45%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County PA 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.): [ ]

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 (a) and the Public Official and Employee Ethics Act, 65 Pa.C.S. 11109(b).

Signature: [REDACTED] Enter Current Date: 5/18/2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

OLSZEWSKI JOANNE C

02 ADDRESS office/business or governmental or home City State Zip Code Area Code Phone

[REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A JURY COMMISSIONER

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

JURY COMMISSIONER

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: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

① MONTGOMERY COUNTY POB 311 NORRISTOWN PA 19104  
 ② MAYA BROWN-STATE FARM INSUR. 1538 BETHLEHEM  
 ③ MORGAN STANLEY ONE LIBERTY PLAZ FLOURTOWN PA 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 hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed in the Pennsylvania State Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 4/14/21

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., Suite 800 Norristown PA 19404 (610) 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 S o l i c i t o r  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A 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.

Attorney Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 2 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  Interest Rate

Name: American Educational Services Address: P.O. Box 65093 5%

Baltimore, MD 21264

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.  (OFFICIAL USE ONLY)

Name: Montgomery County Address: P.O. Box 311

Norristown, PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  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 (perjury) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature  Enter Current Date March 30, 2021

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** Phillips **FIRST NAME** Brian **MI** O **SUFFIX**

02 **ADDRESS** office (business or governmental) or home OMP, 425 Swede St., Suite 800 **City** Norristown **State** PA **Zip Code** 19404 **Area Code** (610) **Phone** 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 **STATUS** Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in)    C  Public Official (Current)    D  Public Employee (Current)    E  Check this box if you are filing as a solicitor

B  Nominee    C  Public Official (Former)    D  Public Employee (Former)

Check this box if you are amending an original filing

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant Solicitor  seeking  hold  held

B   seeking  hold  held

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) Attorney

07 **YEAR** SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 2021

08 **REAL ESTATE INTERESTS** (See instructions on page 2) If NONE, check this box.

09 **CREDITORS** (See instructions on page 2) Creditor (Name and Address) **IF NONE, check this box.**

Name: American Educational Services Address: P.O. Box 65093 Interest Rate 5%

Baltimore, MD 21264

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on page 2) **IF NONE, check this box.**

Name: Montgomery County Address: P.O. Box 311

Norristown, PA 19404

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. § 4901 (b) (1) (authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date May 12, 2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
OFFICE OF  
STATE SERVICE  
MONTG. CO.  
2021 JUN -1 PM 9:11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

*Amended*

01 LAST NAME FIRST NAME MI SUFFIX

P	h	i	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., Suite 800 Norristown PA 19404 (610) 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant Solicitor  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 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.

Name: American Educational Services Address: P.O. Box 65093 Interest Rate: 5%

Baltimore, MD 21264

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County Address: P.O. Box 311 (OFFICIAL USE ONLY)

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 March 30, 2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person, or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.\***

Yes I have read and understand the above the terms.

**Are you amending a prior filing?\***

No

**01 Name**

**First Name \* (?)** Matthew

**Last Name \* (?)** Popok

**Middle Initial** J

**Suffix**

2021: 09:15 PM 7:20

## 02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) Public Employee (Current)

State or  
County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* \*\*Not Listed\*\*  
(?)

Other County/Local  
Entity \* (?) Montgomery County

Position \* (?) Senior Transportation Planner

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

Yes

Selecting "Yes" will allow for additions below

Status \* (?) Public Official (Current)

State or  
County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* Upper Merion Township  
(?)

Position \* (?) Planning Commissioner

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Senior Transportation Planner

## 07 Year

Year <sup>\*</sup>(?) 2020  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

Do you have reportable real estate interests? <sup>\*</sup>(?)  
No

## 09 Creditors

Do you have reportable creditors? <sup>\*</sup>(?)  
No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? <sup>\*</sup>(?)  
Yes

### Source of Income

Name <sup>\*</sup>(?) County of Montgomery

Address <sup>\*</sup>(?)  
Street Address  
PO Box 311  
Address Line 2  
City Norristown State / Province / Region PA  
Postal / Zip Code 19404 Country

## 11 Gifts

Have you received any reportable gifts? <sup>\*</sup>(?)  
No

Gifts Disclaimer <sup>\*</sup> By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? <sup>\*</sup>(?)  
No

Transportation, Lodging, & Hospitality Disclaimer <sup>\*</sup> By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form you are subject to all applicable penalties.

I Accept

### 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

### 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

### 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

Additional  
comments or  
explanations about  
any of the above  
sections:

#### Confirmation \*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b)

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-12

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

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 \* (?)

Last Name \* (?)

Middle Initial

Suffix

02 Address

Business, Governmental, Home, or Postal Address \* (?)



State

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 \* (?)

State or County/Local **County/Local** ▼  
 County/Local \* (?)

County \* (?) Montgomery County ▼

County/Local Entity \* Worcester Township ▼  
 (?)

Position \* (?) Farm board member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

Yes ▼

Selecting "Yes" will allow for additions below.

Status \* (?) Public Official (Current) ▼

State or County/Local **County/Local** ▼  
 County/Local \* (?)

County \* (?) Montgomery County ▼

County/Local Entity \* Worcester Township ▼  
 (?)

Position \* (?) supervisor

" Add " - Click here to list any additional public position or public office.

### 06 Occupation or Profession

Current Occupation Business Owner  
 or Profession \* (?)

" Add " - For block 6, you need only list one occupation or profession. If you have additional current occupation(s) or profession(s) that you wish to list, click here.

### 07 Year

Year \* (?)

2019

The calendar year for which this form is being filed.

### 08 Real Estate Interests

Do you have reportable real estate interests? \* (?)

No ▼

### 09 Creditors

Do you have reportable creditors? \* (?)

Yes ▼

#### Creditors

Name \* (?)

farm credit

Address (?)

lancaster

City \*

lansdale

State \*

Pennsylvania

Zip Code

19446

Interest Rate \*

4%

Exclude the "%" symbol

\* Add \* - Click here to list any additional reportable creditor.

### 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes ▼

#### Source of Income

Name \* (?)

merrymead farm

**Address\* (?)**

Address Line 1

2222 south valley forge road

Address Line 2

City

lansdale

State

pa

Zip Code

19446

" Add " - Click here to list any additional reportable direct or indirect source of income.

## 11 Gifts

**Have you received any reportable gifts? \* (?)**

No ▼

**Gifts Disclaimer\***

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality? \* (?)**

No ▼

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer\***

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)**

Yes ▼

### Business Entity

Name \* (?) merrymead farm

Address \* (?) Address Line 1  
2222 south valley forge road

Address Line 2

City  
lansdale

State  
Pennsylvania

Zip Code  
19446

Position Held \* (?) president

\* Add \* - Click here to list any additional office, directorship, or employment in a business.

### 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

Yes ▼

### Business Entity

Name \* (?) merrymead farm

Address \* (?) Address Line 1  
2222 south valley forge road

Address Line 2

City  
lansdale

State  
Pennsylvania

Zip Code  
19446

Interest Held\* (?)

Percentage

38%

Exclude the "%" symbol

\* Add \* - Click here to list any additional financial interest in a legal entity in business for profit.

### 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No ▼

Additional comments or explanations about any of the above sections:

Confirmation\*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

Signature\* (?)

Last 4 digits of Social Security Number\*

Date

Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. This field will be hidden once the form is submitted.

Date captured on form submission

Enter your valid e-mail address and an official copy of your filing will be emailed to you upon submission. **Your email address will remain private.**

E-mail

squigley@merrymead.com

Confirm E-mail

squigley@merrymead.com

Save as Draft

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

REED DAY D T MD

02 ADDRESS

[REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A BOARD MEMBER MONT. CO. CORRECTION FACILITY

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 BOARD HEALTH UPPER DUBLIN TWP (RET)

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

FAMILY 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.

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 page 2) If NONE, check this box.

Name: Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (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 5/12/2021

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

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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 FISCAL MGT + OPERATIONS 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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Fiscal Management + Operations Deputy 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: American Heritage Federal Credit Union 2060 Red Lion Rd  
Platinum Preferred MasterCard Philadelphia, PA 19115

Interest Rate: 9.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County Recorder of Deeds Address: P.O. Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)

Name: Address:

Position Held (i.e., officer, director, employed, 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 48 Pa.C.S. § 1501 and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Redacted] Enter Current Date 3-23-2021

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

R I N D E J O N A T H A N E

02 ADDRESS City State Zip Code

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M O N T L O A G R I C U L T U R A L P R E S B D

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.

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: 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: 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

See Attached

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: 5/1/20

THIS FORM IS NOT TO BE COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)





# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S A L U S J A S O N E

02 [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A T R E A S U R E R  seeking  hold  held

B D I R E C T O R  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you 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 M O T C O I D A

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: 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: SEE ATTACHED Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: SEE ATTACHED 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: SEE ATTACHED 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: [REDACTED] Enter Current Date 4/27/21

THIS FORM AND BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Attachment to Statement of Financial Interests

for Jason E. Salus

Year: 2020

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) Beneficial Savings Bank, 530 Walnut Street, Philadelphia PA 19106, 4.625%
  - 3) Flagstar Bank, 5151 Corporate Drive, Troy MI 48098, 6.75%
  - 4) MB Financial Bank, 800 West Madison Street, Chicago IL 60607, 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 A N C H E Z K A R E N M



NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C O N T R O L L 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 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.

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: Address: Interest Rate: OFFICIAL USE ONLY

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: See attached. 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: See attached. 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 4-26-21

THIS FORM IS CONSIDERED DEFICIENT IF ANY SECTION ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Attachment to Statement of Financial Interests of  
Karen M. Sanchez -- 2020**

**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)	
Rudolph Clarke, LLC (spousal income)	Seven Neshaminy Interplex Suite 200 Trevose, PA 19053

**Block 13 Office, Directorship, or Employment in any Business:**

Name:	Address:	Position Held:
Jefferson Health – Northeast (spouse)	10800 Knights Road Phila. PA 19114	Trustee
Jefferson Health – Northeast Foundation (spouse)	10800 Knights Road Phila. PA 19114	Trustee
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: SHACKLETT FIRST NAME: JAMES MI: SUFFIX:

02 [REDACTED]

03 Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)  
A  Candidate (Including write-in) B  Nominee  
C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this box if you are filing as a solicitor F  Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  
A BOARD MEMBER  seeking  hold  held  
B MONT. CTY. HIGHER EDUCATION & HEALTH AVID.  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)  
V/P GEN MGR 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.

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.   
Name: ALLAN MYERS/DEVAULT PARTNERS Address: BEERS RD WORCESTER PA

11 GIFTS (See instructions on page 2) If NONE, check this box.   
Source of Gift: Address of Source of Gift: Circumstances (including description) of Gift: Value of Gift: 42

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: ALLAN MYERS/DEVAULT PARTNERS Address: BEERS RD, WORCESTER PA 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: SEE ATTACHED LIST 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 is true and correct to the best of his/her own knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Pennsylvania State Ethics Act, 65 Pa.C.S. §1109(b).  
Signature: [REDACTED] Enter Current Date: 4-28-20  
NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
OFFICE OF  
VOTER SERVICES  
MUNICIPAL CODE PA  
221 JUL 14 AM 10:42

Line 14 Financial Interest  
Page -2-  
James H. Shacklett, III

Shacklett Consulting, LLC	50%
Lafayette Hill, PA 19444	- P.O. Box 158
Shacklett Realty, LP	8.575%
Lafayette Hill, PA 19444	- P.O. Box 158
Shacklett Realty, LLC	25%
Hill, PA 19444	- P.O. Box 158
	GP LLC 49.50%
	Pike
Lafayette Hill, PA 19444	
1128	LP 49.50%
511 Germantown Pike	
Hill, PA 19444	
Eagle Machine	50%
Lafayette Hill, PA 19444	- P.O. Box 158
Eagle Realty Holdings, LP	24.75%
Lafayette Hill, PA 19444	- P.O. Box 158
Eagle Realty Holdings GP, LLC	25%
Lafayette Hill, PA 19444	- P.O. Box 158
National Label Company	18.86%
	- P.O. Box 158 Lafayette Hill, Pa. 19444

# 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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  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 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: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: 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 4/30/2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms. \***

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name \* (?)** Allison

**Last Name \* (?)** Slizofski

**Middle Initial**

**Suffix**

## 02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) Public Official (Current)

State or  
County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* \*\*Not Listed\*\*  
(?)

Other County/Local  
Entity \* (?) MCTA

Position \* (?) Board member

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Engineer

## 07 Year

Year \* (?) 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

Do you have  
reportable real  
estate interests? \*  
(?) No

## 09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes

### Source of Income

<b>Name</b> * (?)	Drive Engineering Corp.		
<b>Address</b> * (?)	Street Address		
	595 Skippack Pike		
	Address Line 2		
	Suite 400		
	City	State / Province / Region	
Blue Bell	PA		
Postal / Zip Code	Country		
19422			

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

### Gifts Disclaimer \*

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

### Transportation, Lodging, & Hospitality Disclaimer \*

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

Yes

### Business Entity

**Name** \* (?) Drive Engineering Corp.

**Address \* (?)** Street Address  
595 SKippack Pike  
Address Line 2  
Suite 400  
City State / Province / Region  
Blue Bell PA  
Postal / Zip Code Country  
19422

**Position Held \* (?)** Vice President

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit? \* (?)**

Yes

## Business Entity

**Name \* (?)** Drive Engineering Corp.

**Address \* (?)** Street Address  
595 Skippack Pike  
Address Line 2  
Suite 400  
City State / Province / Region  
Blue Bell PA  
Postal / Zip Code Country  
19422

**Interest Held \* (?)** 50%  
Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)**

No

**Additional comments or explanations about any of the above sections:**

**Confirmation \*** The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature \* (?)**

**Date**



2020-03-30

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  
SOLTYSIAK LEE A

02 ADDRESS [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF OPERATING OFFICER  seeking  hold  held

B WORKFORCE DEVELOPMENT BOARD

05 GOVERNMENTAL ENTITY in 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 WORKFORCE DEVELOPMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.  
Government Administration 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: TruMark Auto Loan Address: 515 Old York Rd Jenkintown, PA 19046 2.99%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, check this block.  (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: The Soltysiak Agency Address: Elkins Park, PA 19027 Partner

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: The Soltysiak Agency Elkins Park, PA 19027 90%

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 [REDACTED] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 6-9-2020

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interest

Lee A. Soltysiak

For 2019

Continued

## Creditors

- Discover 0%
  - PO Box 6103 Carol Stream, IL 60197
- Members First Credit Union (Auto Lease)
  - PO Box 2104 Mechanicsburg, PA 17055
- M&T Bank (Camper) 4.7%
  - Philadelphia, PA

APR 15 11 51 AM '19  
PHILADELPHIA, PA

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME SUFFIX

S O L T Y S I A K L E E A

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor  Check this block if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A CHIEF OPERATING OFFICER  seeking  hold  held

B WORKFORCE DEVELOPMENT BOARD

05 GOVERNMENTAL ENTITY in 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 WORKFORCE DEVELOPMENT BOARD

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Government Administration 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: Discover Address: P.O. Box 6103 Carol Stream, IL 60197 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: 425 Swede Street Norristown, PA 19401

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Circumstances (including description) of Gift Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (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 \_\_\_\_\_ Enter Current Date 2-21-21

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interest

Lee A. Soltysiak

For 2020

## Creditors

- US Bank (Auto lease) 0%
  - 800 Nicollet Mall, Minneapolis, MN 55402
- M&T Bank (Camper loan) 4.7%
  - Philadelphia, PA

VOTER SERVICES  
MONTGOMERY, PA

MAR -5 AM 9:46

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

S O R E T H G A B R I E L L A T

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

2 E. Airy 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) B  Nominee C  Public Official (Current) C  Public Official (Former) D  Public Employee (Current) D  Public Employee (Former) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A 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: American Express Address: PO BOX 650448, Dallas, TX 75265

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) IF NONE, check this box.

Name: Montgomery County Address: 2 E. Airy Street, 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 April 15, 2021

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

STEELE KEVIN R

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

PO Box 311 NORRISTOWN PA 19404 (610) 278-3098

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A 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

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: 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 ADDENDUM Address:

Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: 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

SEE ADDENDUM

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: SEE ADDENDUM Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held (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: 4/28/21

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 2021**

9. Creditor	Interest Rate
Audi Financial Services	2.99%
Pacific Life	4.25%
PSECU	3.49%

#### 10. SOURCES OF INCOME

Source Income	Address
County of Montgomery	Norristown, PA
Cabrini College/University	Radnor, PA

#### 11. GIFTS

Source	Address	Value
--------	---------	-------

#### 12. TRANSPORTATION, HOSPITALITY, LODGING

Source	Address	Value
PA DA Assn.	Harrisburg, PA	Unknown

#### 13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

Entit	Position Held
Penn Wynne/Overbrook Hills Fire Department	Vice-President
Liberty Mid-Atlantic HIDTA	Chaiman
Mission Kids	Board of Directors
MCAP—Montgomery County Child Advocacy Project	Board of Directors
The Baldwin School	Board of Trustees

# 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 (Street, City, State, Zip)

[REDACTED]

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A C o u n t y s o l i c i t o r

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A 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)

Attorney

07 YEAR SEE INSTRUCTIONS. 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: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: County of Montgomery S&S Family Partnership Address: 425 Swede Street, Norristown PA 230 S. Broad Street, Phila PA 19102

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Address of Source of Gift Value of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Name: Address: Position Held (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.)

S&S Family Partnership, 230 S. Broad Street, 2nd Floor, Philadelphia PA 19102 36%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

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. § 1109(b) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [REDACTED] Enter Current Date: 4/6/2021

THIS FORM IS CONSIDERED COMPLETE. ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: SULLOCK FIRST NAME: LINDA MI: M SUFFIX:

02 ADDRESS (work or home): [REDACTED]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this block if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)  Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A   seeking  hold  held

B   seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 2ND Deputy Clerk of Courts

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 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: Huntington Natl Bank Address: PO Box 182519 Interest Rate: 3.99%

Columbus OH 43218

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 (OFFICIAL USE ONLY)

Norristown PA 19404

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift  Value of Gift

Address of Source of Gift  Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)  Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address)  Position Held

Name:  Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business  Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address)  Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby 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 provided in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 3-9-21

THIS STATEMENT IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME SWEENEY FIRST NAME CAROL MI A SUFFIX MS

02 ADDRESS office (business or governmental) or home Montgomery County Courthouse City Norristown State PA Zip Code 19404 Area Code 610 Phone 278-3308

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Co-CHIEF PUBLIC DEFENDER

B  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

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: 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: Bank of America Interest Rate: 10%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: 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: 202 APR 30 PM 2:00

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address):

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address): Name: Address: Position Held (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 to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed to the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date 4/29/21

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 Z E R E L Y G E O R G E A 11

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 M C C F B O A R D M E M B E R  seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M C C F

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

CHIROPRACTOR Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

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: SZERELY CHIROPCTR Address: [REDACTED]

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  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: SZERELY CHIROPCTR Address: [REDACTED] OWNER/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 SAME AS 13.

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 (authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 05/24/2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED  
OFFICE OF THE  
MONITOR  
2021 JUN -1 AM 9:11

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: **T O R N E T T A** FIRST NAME: **C H A R L E S** MI: **7** SUFFIX:

02 ADDRESS: [REDACTED]

NOTE: IF YOU ARE FILING AN ORIGINAL FILING, CHECK THIS BLOCK.

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.)  
A **P L A N N I N G C O M M I S I O N E R**  seeking  hold  held  
B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  
A **M O N T G O M E R Y C O U N T Y**  
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)  
**Real Estate Broker**  
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: **LOANS ONLY AS PART OF PARTNERSHIPS AND INVESTMENTS LISTED IN BLOCK 14** Address: **SEE BLOCK 14** 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 Block 14** 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): **See insert** 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: **See insert** 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. § 6104 (b) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [REDACTED]

Enter Current Date: **4-20-20**

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

T O R N E T T A C H A R L E S J

02 ADDRESS office (business or governmental) or home City

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current)

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking

A P L A N N I N G C O M M I S S I O N E R  seeking

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority)

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.

Real Estate Broker 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: LOANS ONLY AS PART OF Address: partnerships and investments listed in block 14

Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: See Block 14 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) Position Held (i.e., officer, director, employee, etc.)

Name: See Insert 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 Insert

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the information provided herein is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature \_\_\_\_\_ Enter Current Date 3-18-21

THIS FORM COMPLETED. MAKE A COPY FOR YOUR RECORDS.

These are the physical forms we received that were also scanned and sent to the sharepoint folder. Thanks, Karina Caddick

RECEIVED  
2021 MAY 13 PM 2:50  
OFFICE OF THE STATE ETHICS COMMISSION

Insect

Charles + Dorothy Toanetta  
2020

Page 3

Prepared By	Initials	Date
Approved By		

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G7205 GREEN

1 2 3 4 5

10 Income

ATT + T  
 ERIZOV  
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# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME: VELEZ FIRST NAME: MILTON MI:    SUFFIX:   

02 ADDRESS office (business or governmental) or home: [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 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 SOLICITORS OFFICE - MONTGOMERY CO

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: 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.

Name: SEE ATTACHED 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: SEE ATTACHED 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 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 information provided is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by (penalties) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [REDACTED] Enter Current Date: 4/8/2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**STATE ETHICS COMMISSION  
STATEMENT OF FINANCIAL INTEREST – 2020**

Supplemental Responses of – **MILTON VELEZ, ESQUIRE**  
Assistant Solicitor  
Montgomery County

**09 CREDITORS –**

At this time I have two education loans with MOHELA/U.S. Department of Education, P.O. Box 4602, Chesterfield, MO 63006-4602. Loan #1 has an interest rate of 7.9%; and loan #2 has an interest rate of 5.0%.

**10 DIRECT OR INDIRECT SOURCES OF INCOME –**

I operate a limited, part-time, solo law practice, known as VelezLaw, from my home at [REDACTED]

I am involved with three rental properties in Philadelphia County, operated from my home at [REDACTED]

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS -**

I am the Chairman of the Board of Directors for a Christian non-profit charitable corporation, the Children's Jubilee Fund, with offices at 116 Greenwood Avenue, Wyncote, PA 19095.

Additionally, I am the duly elected Secretary of Finance for the *Iglesia Evangelica Bautista de Filadelfia*, located at 621 West Rising Sun Avenue, Philadelphia, PA 19140.

**14 FINANCIAL INTEREST –**

I operate a limited, part-time, solo law practice, known as VelezLaw, from my home at [REDACTED]

I am involved with three rental properties in Philadelphia County, operated from my home at [REDACTED] I am the joint owner of these properties.

[REDACTED]  
\_\_\_\_\_  
**Milton Vélez, Esquire**

4/8/2024  
\_\_\_\_\_  
Date

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME VITI FIRST NAME JOSEPH MI      SUFFIX     

02 ADDRESS office (business or governmental) or home 540 Port Indian Road City Abristown State Pa. Zip Code 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 box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A EXECUTIVE DIRECTOR  seeking  hold  held

B       seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY YOUTH CENTER

B     

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Executive Director

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 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: Ardent Credit Union Address: P.O. Box 7480, Philadelphia Pa. 19101 Interest Rate 3.84%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) IF NONE, check this box.

Name:      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 (including, but not limited to, the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)).

Signature      Enter Current Date 03/24/2021

THIS FORM AND THE INFORMATION ON THIS FORM IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.\***

Yes I have read and understand the above the terms.

**Are you amending a prior filing?\***

No

01 Name

First Name \* (?) John

Last Name \* (?) Walko

Middle Initial F

Suffix

RECEIVED  
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OFFICE OF THE  
STATE ETHICS COMMISSION  
PA

02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) \*\*Not Listed\*\*  
Other County/Local Entity \* (?) Recorder of Deeds Office  
Position \* (?) Solicitor  
Status \* (?) Solicitor  
State or County/Local \* (?) County/Local  
County \* (?) Montgomery County

<b>County/Local Entity*</b> (?)	Montgomery Township
<b>Position*</b> (?)	Assistant Solicitor
<b>Status*</b> (?)	Solicitor
<b>State or County/Local*</b> (?)	County/Local
<b>County*</b> (?)	Montgomery County
<b>County/Local Entity*</b> (?)	Whitemarsh Township
<b>Position*</b> (?)	Assistant Solicitor
<b>Status*</b> (?)	Solicitor
<b>State or County/Local*</b> (?)	County/Local
<b>County*</b> (?)	Delaware County
<b>County/Local Entity*</b> (?)	Upper Darby Township
<b>Position*</b> (?)	Assistant Solicitor
<b>Status*</b> (?)	Solicitor
<b>State or County/Local*</b> (?)	County/Local
<b>County*</b> (?)	Delaware County
<b>County/Local Entity*</b> (?)	Chester Township
<b>Position*</b> (?)	Special Counsel - Assistant Solicitor
<b>Status*</b> (?)	Public Employee (Current)
<b>State or County/Local*</b> (?)	County/Local
<b>County*</b> (?)	Montgomery County
<b>County/Local Entity*</b> (?)	Abington Township
<b>Position*</b> (?)	Hearing Officer - Red Light Enforcement Program

## 06 Occupation or Profession

**Current Occupation or Profession** \* (?) Attorney

## 07 Year

**Year** \* (?) 2021  
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have reportable real estate interests?** \*  
(?) No

## 09 Creditors

**Do you have reportable creditors?** \* (?)  
Yes

### Creditors

**Name** \* (?) Navient

**Address** (?) PO Box 9500

**City**\* Wilkes Barr

**State**\* PA

**Zip Code** 18773

**Interest Rate**\* 2.5  
Exclude the "%" symbol

**Name** \* (?) Police and Fire Federal Credit Union

**Address** (?) 901 Arch St.

**City**\* Philadelphia

**State**\* PA

**Zip Code** 19107

**Interest Rate**\* 3.24  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** \* (?)  
Yes

### Source of Income

**Name \*** (?) Kilkenny Law  
**Address \*** (?) Street Address  
519 Swede St.  
Address Line 2  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19401

**Name \*** (?) County of Montgomery  
**Address \*** (?) Street Address  
PO Box 311  
Address Line 2  
City State / Province / Region  
Norristown PA  
Postal / Zip Code Country  
19404-0311

## 11 Gifts

**Have you received any reportable gifts? \*** (?)

No

**Gifts Disclaimer \*** By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality? \*** (?)

No

**Transportation, Lodging, & Hospitality Disclaimer \*** By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \*** (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit? \*** (?)

No

## 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms. \***

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

Yes

01 Name

First Name \*(?) John

Last Name \*(?) Walko

Middle Initial F

Suffix

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STATE ETHICS COMMISSION  
PA  
FILED

## 02 Address

**Business,  
Governmental,  
Home, or Postal  
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 \*** \*\*Not Listed\*\*  
(?)

**Other County/Local  
Entity \*** Recorder of Deeds Office  
(?)

**Position \*** (?) Solicitor

**Status \*** (?) Solicitor

**State or  
County/Local \*** (?) County/Local

**County \*** (?) Montgomery County

**County/Local Entity\*** Montgomery Township  
(?)

**Position\*** (?) Asst Solicitor

**Status\*** (?) Solicitor

**State or  
County/Local\*** (?) County/Local

**County\*** (?) Montgomery County

**County/Local Entity\*** Whitmarsh Township  
(?)

**Position\*** (?) Asst Solicitor

**Status\*** (?) Public Employee (Current)

**State or  
County/Local\*** (?) County/Local

**County\*** (?) Montgomery County

**County/Local Entity\*** Abington Township  
(?)

**Position\*** (?) Hearing Officer - Red Light Enforcement  
Program

**Status\*** (?) Solicitor

**State or  
County/Local\*** (?) County/Local

**County\*** (?) Delaware County

**County/Local Entity\*** Upper Darby Township  
(?)

**Position\*** (?) Asst. Solicitor

**Status\*** (?) Solicitor

**State or  
County/Local\*** (?) County/Local

**County\*** (?) Delaware County

**County/Local Entity\*** Chester Township  
(?)

**Position\*** (?) Special Counsel - Asst. Solicitor

## 06 Occupation or Profession

**Current Occupation or Profession**\* (?) Attorney

07 Year

**Year**\* (?) 2020  
The calendar year for which this form is being filed.

08 Real Estate Interests

**Are you amending your form as to real estate interests?**\* No

09 Creditors

**Are you amending your form as to creditors?**\* No

10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?**\* No

11 Gifts

**Are you amending your form as to gifts?**\* No

12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?**\* No

13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?**\* No

14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?**\* No

15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transfers of business interests?**\* No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

Amending to have year be 2020 instead of 2021

**Confirmation \***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature \* (?)**

[Redacted Signature]

**Date**

2021-03-22

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THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

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This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms. \***

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

01 Name

First Name \* (?) Claire

Last Name \* (?) Warner

Middle Initial E

Suffix

RECEIVED  
2012 MAR 23 AM 9:58  
ETHICS

02 Address

Business, Governmental, Home, or Postal 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 \* (?) Public Employee (Current)

State or County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* \*\*Not Listed\*\* (?)

Other County/Local Entity \* (?) Montgomery County

Position \* (?) Community Planner II

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

No

Selecting "Yes" will allow for additions below.

06 Occupation or Profession

Current Occupation or Profession \* (?) Public Employee

07 Year

Year \* (?) 2020

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have reportable real estate interests? \* (?) No

09 Creditors

Do you have reportable creditors? \* (?)

No

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes

### Source of Income

<b>Name</b> * (?)	County of Montgomery		
<b>Address</b> * (?)	Street Address		
	P.O. Box 311		
	Address Line 2		
	City	State / Province / Region	
	Norristown	PA	
Postal / Zip Code	Country		
19404			

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer** \* By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** \* By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

## 15 Business Interests Transferred to Immediate Family Member

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

Additional  
comments or  
explanations about  
any of the above  
sections:

Confirmation \*

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b)

I Confirm

Signature \* (?)

Date

[REDACTED]

2021-03-23

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

WEISS HARRIET G

02 ADDRESS (Street, City, State, Zip)

[REDACTED]

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A MONTGOMERY CITY Higher Ed. & Health AUTHORITY  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. Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 20 / 19

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Address: Value of Income

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 [REDACTED] is the true and correct copy of the information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature: [REDACTED] Enter Current Date: 5/25/21

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

2 East Airy Street Norristown Pa 19401 610 2783340

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor

B  Nominee C  Public Official (Former) D  Public Employee (Former)

Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A Assistant District Attorney

seeking  hold  held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 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: U.S. Department of Education Address: Fedloan Servicing P.O. Box 530210 Atlanta, GA 30353

Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: Montgomery County District Attorney's Office Address: 2 E. Airy Street Norristown, Pa

Erika Lyn Photography

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address)

Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Erika Lyn Photography Address: Owner

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

Erika Lyn Photography 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 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 4/27/2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.\***

Yes I have read and understand the above the terms.

**Are you amending a prior filing? \***

No

**01 Name**

**First Name \*** (?) John

**Last Name \*** (?) Wichner

**Middle Initial** R

**Suffix**

## 02 Address

Business,  
Governmental,  
Home, or Postal  
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 \* (?) Public Official (Current)

State or  
County/Local \* (?) County/Local

County \* (?) Montgomery County

County/Local Entity \* \*\*Not Listed\*\*  
(?)

Other County/Local  
Entity \* (?) Montgomery County Transportation  
Authority

Position \* (?) Secretary

Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing? \*

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

Current Occupation  
or Profession \* (?) Transportation Engineer

## 07 Year

Year \* (?) 2019

The calendar year for which this form is being filed.

## 08 Real Estate Interests

Do you have  
reportable real  
estate interests? \*  
(?) No

## 09 Creditors

Do you have reportable creditors? \* (?)

Yes

## Creditors

Name \* (?) Ally Financial, Inc.

Address (?)

City\* Louisville

State\* KY

Zip Code

Interest Rate\* 4.9%  
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income? \* (?)

Yes

## Source of Income

Name \* (?) McMahon Associates, Inc.

Address \* (?)  
Street Address  
425 Commerce Drive  
Address Line 2  
Suite 200  
City Fort Washington State / Province / Region PA  
Postal / Zip Code 19034 Country

## 11 Gifts

Have you received any reportable gifts? \* (?)

No

**Gifts Disclaimer\*** By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

Do you have any reportable transportation, lodging, or hospitality? \* (?)

No

**Transportation,  
Lodging, &  
Hospitality  
Disclaimer \***

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form you are subject to all applicable penalties.

I Accept

**13 Office, Directorship, or Employment in any Business**

Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting? \* (?)

No

**14 Financial Interest in any Legal Entity in Business for Profit**

Do you have a reportable financial interest in any legal entity in business for profit? \* (?)

No

**15 Business Interests Transferred to Immediate Family Member**

Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? \* (?)

No

**Additional  
comments or  
explanations about  
any of the above  
sections:**

**Confirmation \***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature \* (?)**

**Date**

[Redacted Signature]

2020-04-29

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 e m a n N a n l y L

02 ADDRESS (office/business/employment) \_\_\_\_\_

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box if you are amending an original filing

B  Nominee C  Public Official (Former) D  Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)  seeking  hold  held

A M H A D M I N I S T R A T O R

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A M O N T G O M E R Y C O U N T Y

B \_\_\_\_\_

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

Retired - Consultant Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 2 1

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name: Mortgage-AHEU Address: PO Box 188  
c/o Midwest Loan Services Houston, MI 48831 Interest Rate: 3.625%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: County Pension, State Pension, Social Security, Rent, Consulting 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 5/26/21

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

WILENCHIK CAITLIN P

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

2 E. Ivy St. Norristown PA 19401 (610) 275 3096

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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/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.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name: 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 the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature  Enter Current Date 4/19/21

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

WILLIAMS ROBERT L JR

02 [REDACTED]

DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 MONTGOMERY CO HIGHMER EDUCATION  seeking  hold  held

B HEALTH AUTHORITY  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.)

A [REDACTED]

B [REDACTED]

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.

RETIREE FUNERAL DIRECTOR 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.  SKIP AOK, PA. 19474

WILLIAMS-BERGETT - 150 FEAR FUNERAL HOME, INC. TELFORD, PA. 19369

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 page 2) If NONE, check this box.

Same as real estate interests

RECEIVED  
 OFFICE OF  
 WATER SERVICES  
 MONROE CO PA  
 2021 JUN 14 AM 10:42  
 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.)

WILLIAMS-BERGETT - 150 FEAR FUNERAL HOME, INC. Address: TELFORD, PA. 19369 508

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.)

Same as above

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 5/5/21

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME ZIKOSKI FIRST NAME David MI  SUFFIX

02 ADDRESS office/business [REDACTED]

NOTE: [REDACTED]

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instructions on page 2)

A  Candidate (Including write-in) C  Public Official (Current) D  Public Employee (Current) E  Check this box if you are filing as a solicitor  Check this box 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 Operations Supervisor

B  seeking  hold  held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County Youth Center

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Operations Supervisor

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 - 15 represents disclosure for the calendar year listed here: 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:  Address:  Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, check this box.

Name:  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 the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [REDACTED] Enter Current Date 3/24/21

BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.