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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 292-2190

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

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

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

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

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

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

A: MONTGOMERY COUNTY

B:

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

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

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

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

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

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signature [redacted] Enter Current Date 2/25/22

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: ARENA | FIRST NAME: SAMANTHA | MI: A | SUFFIX:

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

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

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

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

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

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☒ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

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

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

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

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

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signatu[redacted] Enter Current Date 4-4-2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: ARTILLIO | FIRST NAME: CHARLENE | MI | SUFFIX

02 [redacted]

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

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

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

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

A CHILDRENS CLINICAL SERVICES

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

Children's Clinical Services Manager

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

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: COUNTY OF MONTGOMERY Address: 425 SWEDE ST NORRISTOWN, PA 19404

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

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

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

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

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

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

Signature [redacted] Enter Current Date 04/13/22

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2021 APR 29 PM 2:10

**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** * (?) Baer

**Middle Initial** A

**Suffix**

## 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 II

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

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

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**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

State / Province / Region

Pennsylvania

Postal / Zip Code

19404

Country

2021 APR 29 PM 2:40

## 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**

**2022-03-14**

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: BAIRD | FIRST NAME: HAROLD | MI | SUFFIX

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

[redacted]

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

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

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

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

A COUNTY PRISON BOARD ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

Police officer

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

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

628 Bridge ST Perkiomenville 19426 - 1001 Walnut Ridge 19464 - 1502 Linden ST 19460

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

Name: Movement Mortgage | Address: 2024 Calvin Ball 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 instruction page) If NONE, check this box. ☐

Name: N/A | Address: N/A | (OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

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

Name: | Address:

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

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

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

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 3-31-22

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

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

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

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

A ☐ Candidate (including write-in) | 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 FIRST DEPUTY CORONER / ADMIN.

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY CO. CORONER'S OFFC.

B

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

MEDICOLEGAL DEATH INVESTIGATOR / ADMINISTRATOR

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

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: MONTGOMERY COUNTY CORONER'S OFC. Address: 1430 DEKALB ST. NORRISTOWN, PA 190401

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

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

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

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

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

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

Signature [redacted] Enter Current Date 04/26/2022

THIS FOR MPLETED. MAKE A COPY FOR YOUR RECORDS.

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Barnes | FIRST NAME: Todd | MI: N | SUFFIX:

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

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

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

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

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

| | | seeking | hold | held |
|---|---|---|---|---|
| A | Assistant DA | ☐ | ☒ | ☐ |
| B | | ☐ | ☐ | ☐ |

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

A Montgomery County

B

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

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

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

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: College Loan Corporation
Address: 1000 W. Charleston Blvd, Las Vegas, NA
Interest Rate: 3.375%

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

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: Eternal Life Music, Inc. Address: [redacted]
Position Held (i.e., officer, director, employee, etc.): Former Director

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

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

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

Signature [redacted] Enter Current Date 4/22/22

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: BARTUSIS | FIRST NAME: FRANCIS | MI: X | SUFFIX: JR

02 ADDRESS office (business or governmental) or home: 540 Port Indian Rd. | City: Norristown | State: PA | Zip Code: 19403 | Area Code: (610) | Phone: 631-4153

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

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

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

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

A: 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 MONTGOMERY

B:

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

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 pg. 2) ONLY IF NONE, check this block. ☑ (OFFICIAL USE ONLY)
Name: Address:

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

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

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

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

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

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

Signature [redacted] Enter Current Date 3/14/2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3145

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

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

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

Assistant District Attorney

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

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

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

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

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signature [redacted] Enter Current Date 2/24/22

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

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

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

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

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

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

☐ Check this box if you are amending an original filing

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

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

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

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

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

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

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

(OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

Business Entity (Name and Address)

Name: Bell Law Office | Address: [redacted] | Position Held (i.e., officer, director, employee, etc.): Sole Proprietor

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

Name and Address of Business: Bell Law Office [redacted] | Interest Held (i.e., 5%, 10%, etc.): 100%

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

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 03/07/2022

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

Angela Bell 2021 Statement of Financial Interests Attachment

#10 Direct or Indirect Sources of income:

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

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

[redacted] 3/7/22

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

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 instruction page)

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

☐ Check this box if you are amending an original filing

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

A Assistant Warden

☐ seeking ☐ hold ☐ held

B

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

A

B

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

Assistant Warden

07 YEAR SEE INSTRUCTIONS.

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

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

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

Name: Address: Interest Rate

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

Name: Montgomery County Address: 100 Eagleville RD Eagleville PA 19403

(OFFICIAL USE ONLY)

22 APR -1 AM 11:35

FILED OFFICE OF ETHICS & COMPLIANCE

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

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) Value

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

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

Name: Address:

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

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

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address [redacted]

The undersigned hereby affirms t[redacted]ct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 [redacted]ities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/25/22

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

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | No additional copy required | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2021 FEB 23 PM 2:12

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

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

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

No

## 01 Name

**First Name** * (?) Simon

**Last Name** * (?) Bernard

**Middle Initial**

**Suffix**

## 02 Address

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

[redacted]

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** * (?) County 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** * (?) County Planner

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

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

## 11 Gifts

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

No

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

☑ I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

☑ I Accept

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-16**

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: BEVINGTON | FIRST NAME: JEFFREY | MI: T | SUFFIX:

[redacted]

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

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

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

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

☐ Check this box if you are amending an original filing

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

A

☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY HIGHER EDUCA

B TION AND HEALTH AUTHORITY

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

RETIRED

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

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

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

Name: Address: Interest Rate

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

Name: Address: (OFFICIAL USE ONLY)

RECEIVED
2022 APR 15 AM 9:46
VOTING RIGHTS OFFICES

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

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

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

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

Name: Address:

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

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

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

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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 3/8/22

THIS FO[redacted] COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

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

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

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

☐ Yes I have read and understand the above terms.

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

No

## 01 Name

**First Name** * (?) Marley

**Last Name** * (?) Bice

**Middle Initial**

**Suffix**

## 02 Address

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

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

**Telephone** * (?)
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 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** * (?) Planner

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

[redacted]

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

## 09 Creditors

**Do you have reportable creditors?** * (?)
No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address

Montgomery County Courthouse

Address Line 2

PO Box 311

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

## 11 Gifts

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

No

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

☐ I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

☐ I Accept

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-14**

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

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

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

2022 APR 29 PM 2:39

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

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

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

No

## 01 Name

**First Name** * (?) Jill

**Last Name** * (?) Blumhardt

**Middle Initial** C

**Suffix**

## 02 Address

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

[redacted]

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 |
| **Position** * (?) | Montgomery County Planning Commission<br>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 (Former) |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | Lower Moreland Township |
| **Position** * (?) | Commissioner |

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Project Manager |

## 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** * (?) GMC Financial

**Address** (?) 4001 Embarcadero

**City** * Arlington

**State** * TX

**Zip Code** 76014

**Interest Rate** * 2.9

Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) SEPTA

**Address** * (?)

Street Address

1234 Market Street

Address Line 2

City: Philadelphia

State / Province / Region: PA

Postal / Zip Code: 19107

Country

**Name** * (?) Lower Moreland Township

2022 APR 29 PM 2:39

**Address** * (?)

Street Address
640 Red Lion Road
Address Line 2

City
Huntingdon Valley

State / Province / Region
PA

Postal / Zip Code
19006

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?** * (?)

[redacted]

**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**

**2022-04-29**

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

RECEIVED
2022 APR 29 PM 2:39

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

# STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY

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

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3581

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

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

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

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

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County

B:

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

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

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

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

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

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signature [redacted] Enter Current Date 03/17/2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

[redacted]

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

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

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

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

A: OFFICE MGR BOOKKEEPER ☐ seeking ☐ hold ☐ held

B:

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

A: MONTGOMERY COUNTY

B:

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

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

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

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

Name: Wells Fargo Mtg. Address: 1-800-956-4442 Interest Rate: 4.375

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

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

(OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

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

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

Name: Address:

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

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

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

Business (Name and Address) | Interest Held | 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: 4/11/22

THIS F[redacted]OMPLETED. 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

RECEIVED
2MAY-2 PM 1:36

## 01 Name

**First Name** * (?) Brett

**Last Name** * (?) Altman

**Middle Initial** H

**Suffix**

## 02 Address

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

Address Line 1 [redacted]

State PA

**Telephone** * (?) [redacted]

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

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

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

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

**County** * (?) Montgomery County

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S **E-LIBRARY (https://www.ethicsrulings.pa.gov/WebLink/?dbid=0&repo=EthicsLF8)**. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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 polictical 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 policital 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"

[redacted]

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.

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

**Other County/Local Entity** * (?) Farm Board

**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** * (?) Company Executive

" 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** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

Yes

## Real Estate

**Address** * (?)

Address Line 1

[redacted]

State

PA

" Add " - Click here to list any additional reportable real estate interest.

## 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

[redacted]

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** * (?) Altman Management Company, LLC

**Address** * (?) [redacted]

State

PA

**Position Held** * (?) Vice 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*** (?) Altman Management Co., LLC

**Address*** (?) Address Line 1

[redacted]

State

PA

**Interest Held*** (?) Percentage

50

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:** see email exchange with Karina Caddick as of 4/29/22

**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).

[redacted]

**Signature*** (?) **Last 4 digits of Social Security Number*** **Date**

[redacted]

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 will be captured on form submission**

Enter your valid e-mail address and an official copy of your filing will be emailed to you upon submission. ***Your email address will remain private***.

**E-mail**

**Confirm E-mail**

[redacted]

Save as Draft

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: BRODERICK-WOODS | FIRST NAME: MIRIAM | MI: | SUFFIX:

02 [redacted]

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

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

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

☐ Check this box if you are amending an original filing

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

A JURY COMMISSIONER — ☐ seeking ☒ hold ☐ held

B [ ] — ☐ seeking ☐ hold ☒ held

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

A BOARD MEMBER BPOA CHIROPRACTIC

B [ ]

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

JURY COMMISSIONER

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

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: COUNTY OF MONTGOMERY SWEDE + AIRY STREETS
Address: P.O. BOX 311 NORRISTOWN, PA. 19401

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 20 AM 9:15

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signature [redacted] Enter Current Date 4/20/22

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: BROWN | FIRST NAME: DAVID | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 50 Eagleville Road | City: Norristown | State: PA | Zip Code: 19403 | Area Code: 610 | Phone: 6316500

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

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

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

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

A: PUBLIC SAFETY DEP DIR EMS — ☐ seeking ☐ hold ☐ held

B:

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

A: COUNTY OF MONTGOMERY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): DEPUTY DIRECTOR-EMS

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

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

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

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

Name: County of Montgomery — Address: PO BOX 311 Norristown PA 19404
Montgomery County Community College — 340 DeKalb Pk Blue Bell PA 19422

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

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

Signat[redacted] Enter Current Date 2022-4-25

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

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

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

2022 APR 29 PM 2:38

**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** * (?)

[redacted]

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 (Former)

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

**County** * (?) Montgomery County

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

**Other County/Local Entity** * (?) None

**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** * (?) 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) PSERS

**Address** * (?)

Street Address

P O box 125

Address Line 2

City: Harrisburg

State / Province / Region: PA

Postal / Zip Code: 17101

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

22 APR 29 P 2:38

## 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**

**2022-03-11**

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

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

[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 instruction page)

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

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

☐ Check this box if you are amending an original filing

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

A PRISON BOARD ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A MONTGOMERY COUNTY

B

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

retired school principal

07 YEAR SEE INSTRUCTIONS.

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

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

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

Name: | Address: | Interest Rate

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

Name: SS + PA Pension | Address:

(OFFICIAL USE ONLY)

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

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

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

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

Name: | Address:

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

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

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

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

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

Signature [redacted] Enter Current Date 3/28/2022

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

RECEIVED
2022 APR -1 AM 11:58
VOTER SERVICES
MONTGOMERY CO. PA

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

[illegible] 2022 APR 22 PM 2:11

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

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

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

No

## 01 Name

**First Name** * (?) Karina

**Last Name** * (?) Caddick

**Middle Initial** E

**Suffix**

## 02 Address

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

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

**Telephone** * (?) [redacted]

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

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

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

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

**County** * (?) Montgomery County

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

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

**Position** * (?) Assistant Administrator

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

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

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

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

## 09 Creditors

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

Yes

## Creditors

**Name** * (?) American Heritage Credit Union

**Address** (?) 2060 Red Lion Road

**City** * Philadelphia

**State** * PA

**Zip Code** 19115

**Interest Rate** * 3.490
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
PO Box 311
Address Line 2

City
Norristown

State / Province / Region
Pennsylvania

Postal / Zip Code
19404

Country

## 11 Gifts

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

No

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

☑ I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

☐ I Accept

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-20**

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

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

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

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

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

RECEIVED
2022 APR 11 PM 3:03

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

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

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

No

## 01 Name

**First Name** * (?) Maureen

**Last Name** * (?) Calder

**Middle Initial** E

**Suffix**

## 02 Address

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

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

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

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

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

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

**County** * (?) Montgomery County

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

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

**Position** * (?) First Assistant Solicitor

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

## 06 Occupation or Profession

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

## 07 Year

**Year** * (?) ~~2022~~ 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?** * (?)
No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

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

## 11 Gifts

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

No

**Gifts Disclaimer** *

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

☑ I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

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

☐ I Accept

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-29**

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Caldwell | FIRST NAME: William | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: ONE Montgomery Plaza Suite 600 | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 292-4946

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.)

A First 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 Municipality of Norristown

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

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: County of Montgomery | Address: 425 Swede 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 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 3/8/21

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 **LAST NAME** Carney | **FIRST NAME** Meghan | **MI** B | **SUFFIX**

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

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

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

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

☐ **Check this box if you are amending an original filing**

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

A Assistant District Attorney ☐ seeking ☐ hold ☐ held

B

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

A Montgomery County

B

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

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

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

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

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

(OFFICIAL USE ONLY)

11 **GIFTS** (See instruction page) **If NONE, check this box.** ☐
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) **If NONE, check this box.** ☐
Source (Name and Address) | Value

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

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

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

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

Signature [redacted] Enter Current Date 2/24/22

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Cauffman | FIRST NAME: Samantha | MI | SUFFIX

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

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

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

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

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

A: Assistant district attorney — ☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery county da office

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: 2021

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

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

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

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
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 prescrib[redacted]ion to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04/25/2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CAULFIELD | FIRST NAME: LISA | MI: S | SUFFIX:

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

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

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

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

☐ Check this box if you are amending an original filing

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

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B

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

A MONTGOMERY COUNTY

B

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

ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

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

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

Name: | Address: | Interest Rate

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

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

(OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

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

Name: | Address:

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

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

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

Business (Name and Address) | Interest Held | 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 4/25/22

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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: Soficitors - Persons elected or appointed to the office of solicitor for policital subdivision(s).

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

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

RECEIVED
2022 MAY -3 PM 3:19
STATE ETHICS COMMISSION
HARRISBURG, PA

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

☐ Yes I have read and understand the above terms.

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

Yes

## 01 Name

**First Name** * (?) Kevin

**Last Name** * (?) Chavous

**Middle Initial**

**Suffix**

## 02 Address

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

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

**Telephone** * (?)
6102783731
Telephone Number ###-###-####

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

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

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

**County** * (?) Montgomery County

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

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

**Position** * (?) City Planner

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

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) City Planning

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

## 08 Real Estate Interests

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

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) Montgomery County Government

**Address** * (?)

Street Address

P.O. Box 311

Address Line 2

City

Norristown

State / Province / Region

No

Postal / Zip Code

19404-0311

Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

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

No

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

| Signature* (?) | Date |
| --- | --- |
| [redacted] | 2022-05-03 |

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CLARKE | FIRST NAME: MICHAEL | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex, Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code Phone: [redacted]

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

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

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

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

A SOLICITOR ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A SEE ATTACHED

B

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

Attorney

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

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

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

Name: | Address: | Interest Rate

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

| Name: | Address: |
|---|---|
| Rudolph Clarke, LLC | Trevose, PA 19053 |
| County of Montgomery | Norristown, PA 19404 |
| County of Bucks | Doylestown, PA 18901 |

(OFFICIAL USE ONLY)

RECEIVED 2022 APR 26 AM 9:2

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

Source (Name and Address) | Value

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

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

| Name: | Address: | |
|---|---|---|
| Rudolph Clarke, LLC | 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Officer |

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

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

| Name and Address of Business | Interest Held |
|---|---|
| Rudolph Clarke, LLC 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Shareholder-50% |

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

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

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

Signature [redacted]

THIS FO[illegible] Enter Current Date 4/21/2022

[illegible] 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 – East Brandywine Township
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
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 – 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 – Plymouth Township
Solicitor – Spring Mill Fire Company No. 1
Solicitor – Upper Gwynedd Township
Solicitor – Whitemarsh Township Authority
Solicitor – Whitpain Township
Solicitor – William Jeanes Memorial Library

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CLARKE | FIRST NAME: MICHAEL | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex, Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code Phone: [redacted]

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

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

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

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

A SOLICITOR

☐ seeking ☐ hold ☐ held

B

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

A SEE ATTACHED

B

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

Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

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

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

Name: | Address: | Interest Rate

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

| Name: | Address: | (OFFICIAL USE ONLY) |
|---|---|---|
| Rudolph Clarke, LLC | Trevose, PA 19053 | |
| County of Montgomery | Norristown, PA 19404 | |
| County of Bucks | Doylestown, PA 18901 | |

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

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

| Business Entity (Name and Address) | | Position Held (i.e., officer, director, employee, etc.) |
|---|---|---|
| Name: Rudolph Clarke, LLC | Address: 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Officer |

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

| Name and Address of Business | | Interest Held (i.e., 5%, 10%, etc.) |
|---|---|---|
| Rudolph Clarke, LLC | 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Shareholder-50% |

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

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

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties 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 4/21/2022

THIS FO[redacted]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 – East Brandywine Township
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
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 – 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 – Plymouth Township
Solicitor – Spring Mill Fire Company No. 1
Solicitor – Upper Gwynedd Township
Solicitor – Whitemarsh Township Authority
Solicitor – Whitpain Township
Solicitor – William Jeanes Memorial Library

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: CLARKE | FIRST NAME: MICHAEL | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 7 Neshaminy Interplex, Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code Phone: [redacted]

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

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

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

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

A: SOLICITOR

☐ seeking ☐ hold ☐ held

B:

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

A: SEE ATTACHED

B:

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

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

RECEIVED 22 APR 21 AM 13 VOTER REGISTRATION ELECTIONS

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

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

| Name | Address | Interest Rate |
|---|---|---|
| | | |

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

| Name | Address |
|---|---|
| Rudolph Clarke, LLC | Trevose, PA 19053 |
| County of Montgomery | Norristown, PA 19404 |
| County of Bucks | Doylestown, PA 18901 |

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

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

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

| Business Entity (Name and Address) | | Position Held (i.e., officer, director, employee, etc.) |
|---|---|---|
| Name: Rudolph Clarke, LLC | Address: 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Officer |

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

| Name and Address of Business | | Interest Held (i.e., 5%, 10%, etc.) |
|---|---|---|
| Rudolph Clarke, LLC | 7 Neshaminy Interplex, Ste 200 Trevose, PA 19053 | Shareholder-50% |

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

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

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

Signature [redacted] Enter Current Date 4/21/2022

THIS FOR[redacted] 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 – East Brandywine Township
Solicitor – East Norriton Township
Solicitor – Falls Township
Solicitor – Jenkintown Borough
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 – 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 – Plymouth Township
Solicitor – Spring Mill Fire Company No. 1
Solicitor – Upper Gwynedd Township
Solicitor – Whitemarsh Township Authority
Solicitor – Whitpain Township
Solicitor – William Jeanes Memorial Library

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

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

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

RECEIVED
2014 MAY -1 PM 1:36

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

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

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

No

## 01 Name

**First Name** * (?) John

**Last Name** * (?) Corkum

**Middle Initial** H

**Suffix**

## 02 Address

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

[redacted]

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

**Position** * (?) Chairman-Montgomery County Farm Preservation Board

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Nurseryman/Landscaper

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) Nicole and Mike Peleggi

**Address** * (?) Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) David Lamoreaux

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Craig Wozniak

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Dan and Melissa McQuiston

**Address** * (?) Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Michael Zygmunt

**Address*** (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name*** (?) Robert Wrzesniewski

**Address*** (?)

[redacted]

State / Province / Region

PA

Country

**Name*** (?) Katie Hynes and Mark Weber

**Address*** (?)

[redacted]

State / Province / Region

PA

Country

**Name*** (?) Frank Calimari

**Address*** (?)

[redacted]

State / Province / Region

PA

Country

**Name*** (?) Matt Barber

**Address*** (?)

Street Address

[redacted]

PA

Country

**Name*** (?) Constance and Michael Solomon

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Peter Lee

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Luke Zinsler

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Righter Automotive

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) David Cooksley

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Sky High Landscaping

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Ann and Christian Bottcher

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Shep's Yard

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) MDI Management

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Virginia and Rick Schmid

**Address** * (?)

[redacted]

PA

Country

**Name** * (?) Ed Shipley

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) William Fenner

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Ken Smith

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) James Flanagan

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Steve Ward

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Kelly Monacella and Walter Trauger

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Matt Altimare and Jill Caffrey

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Annette and Harry Lamlin

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Nan Schwann

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Patrick Correale and Abby Laubach

**Address** * (?)

Street Address

[redacted]

PA

Country

**Name** * (?) Phoebe and Matt Schuh

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Gaya Anschuetz

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Rick Hahn

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Mark Careyva

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Matthew Snavely

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Patty Mac Cabe

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Sue Ashenfelter

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Maureen Levin

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Sandy and Gary Sloyer

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

**Name** * (?) Tague Lumber

**Address** * (?)

Street Address

[redacted]

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?** * (?)

Yes

### Business Entity

**Name** * (?) Corkum Tree Farm LLC

**Address** * (?)

Street Address
797 Bridge Road
Address Line 2
City
Collegeville
State / Province / Region
PA
Postal / Zip Code
19426
Country

**Position Held** * (?) Partner/Co-Owner

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

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

Yes

### Business Entity

**Name** * (?) Corkum Tree Farm LLC

**Address** * (?)

Street Address
797 Bridge Road
Address Line 2
City
Collegeville
State / Province / Region
PA
Postal / Zip Code
19426
Country

**Interest Held** * (?) 27

Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?) [redacted]

**Date** 2022-04-30

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Costello | FIRST NAME: Thomas | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 DeKalb St. | City: Norristown | State: Pa. | Zip Code: 19404-311 | Area Code: 610 | Phone: 278-5229

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

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

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

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

A Montgomery County BH/DD Office

☐ seeking ☐ hold ☐ held

B

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

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
MH Program Specialist 2

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

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

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

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: Montgomery County BH/DD office Address: 1430 DeKalb St. Norristown Pa.

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

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

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

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

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

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

Signatu[redacted] Enter Current Date 4/19/2022

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

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Cox | FIRST NAME: Eric | MI: J | SUFFIX:

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

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

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

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

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

A: Assistant Solicitor

☐ seeking ☐ hold ☐ held

B:

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

A: Montgomery County Solicitors

B:

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 Education Services
Address: PO Box 1047, Harrisburg, PA

Interest Rate: 3.5%

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

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

(OFFICIAL USE ONLY)

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)
Name: 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
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 tha[redacted] true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 P[redacted]cation to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/8/22

THIS FORM IS CO[redacted]F ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

E: Solicitors - Persons elected or appointed to the office of solicitor for policital 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

RECEIVED
2022 APR 21 AM 9:19
OFFICE OF VOTER SERVICES
MONTGOMERY CO. PA

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Joseph |
| **Last Name** * (?) | Cross |
| **Middle Initial** | C |
| **Suffix** | Jr. |

## 02 Address

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

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

**Telephone** * (?)
610-278-3361
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** * (?) Prothonotary

**Position** * (?) Bookkeeper/Counter Clerk

**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** * (?) Bookkeeper/Counter Clerk

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed

## 08 Real Estate Interests

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

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

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

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

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

No

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

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

No

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

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

No

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-20**

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

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

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

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

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

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

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

Yes I have read and understand the above terms.

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

No

RECEIVED
2022 APR 21 AM 9:19
OFFICE OF VOTER SERVICES
MONTGOMERY CO PA

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Joseph |
| **Last Name** * (?) | Cross |
| **Middle Initial** | C |
| **Suffix** | Jr. |

## 02 Address

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

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

**Telephone** * (?) 610-278-3361
Telephone Number ###-###-####

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

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

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

**County** * (?) Montgomery County

**County/Local Entity** * (?) Norristown Borough

**Position** * (?) Counter Clerk/Bookkeeper

**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** * (?) Counter Clerk/Bookkeeper

## 07 Year

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

## 08 Real Estate Interests

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

## 09 Creditors

**Do you have reportable creditors?** * (?)
No

## 10 Direct or Indirect Sources of Income

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

Yes

## Source of Income

**Name** * (?) Montgomery County Prothonotary

**Address** * (?)

Street Address

2 East Airy St

Address Line 2

P.O. Box 311

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

## 11 Gifts

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

No

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

☐ I Accept

## 12 Transportation, Lodging, Hospitality

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

No

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

☐ I Accept

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

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

Yes

## Business Entity

**Name** * (?) Montgomery County Prothonotary

**Address** * (?)

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

**Position Held** * (?) Counter Clerk/Bookkeeper

## 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**

**2022-04-08**

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

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

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

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

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

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) | Janet |
| **Last Name** * (?) | Cunningham |
| **Middle Initial** | B |
| **Suffix** | |

## 02 Address

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

[redacted]

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

**Position** * (?) MCTA Board Member

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

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Civil Engineer

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

**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?** *

Yes

## Business Entity

**Name** * (?) JBC Associates, Inc.

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

RECEIVED
2022 APR 29 PM 2:36
OFFICE OF
VOTER SERVICES
PA

**Interest Held** * (?) 100

Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

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

No

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

**Confirmation** *

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

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

2022-03-25

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Cylinder | FIRST NAME: Stacey | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( 610 ) | Phone: 278-3562

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

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

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

☐ Check this box if you are amending an original filing

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

A Program Specialist BH DD

☐ seeking ☐ hold ☐ held

B

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

A

B

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

Program Specialist-Behavioral Health

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

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

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

Name: | Address: | Interest Rate

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

Name: Montgomery County | Address: PO Box 311 Norristown PA 19404

(OFFICIAL USE ONLY)

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

Source of Gift | Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐

Source (Name and Address) | Value

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

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

Name: | Address:

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

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

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

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

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to 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] Digitally signed by Stacey Cylinder Date: 2022.04.19 10:38:17 -04'00' Enter Current Date 04/19/2022

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

RECEIVED 2022 APR 19 AM 8:30

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: D'Aguanno | FIRST NAME: Emily | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 389-7493

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

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

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

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

A: Assistant District Attorney — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

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

A:

B:

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

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

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

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

Name: Spruce Lending Inc | Address: P.O. Box 9207, Old Bethpage, NY 11804-9207 | Interest Rate: 0%

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

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

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

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

Name: | Address:

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

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

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

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

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4/25/2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Dean | FIRST NAME: Francis | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 Dekalb Street Rear | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3770

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

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

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

☐ Check this box if you are amending an original filing

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

A Director of Mail-In Elections — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A County of Montgomery

B

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

Director of Mail-in Elections

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

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

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

Name: Address: Interest Rate

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

Name: County of Montgomery Address: PO Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

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

Name: Address:

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

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

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

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

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4-27-22

THIS FOR[illegible] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: Peshon | FIRST NAME: Margaret | MI: L | SUFFIX:

02 [redacted] Area Code Phone: (610) 278-2666

DO NOT ENTER ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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

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

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

A Deputy Training Coordinator ☐ seeking ☐ hold ☐ held

B

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

A Montgomery County PA

B

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

Deputy Training Coord./Public Safety/EMS

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

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

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

Name: Address: Interest Rate

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

Name: Montgomery County Public Safety Address: 50 Eagleville Rd Eagleville PA 19403

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

Source of Gift Value of Gift

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

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

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

Name: Address:

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

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

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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

Signature [redacted] Enter Current Date 4-13-22

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

RECEIVED 2022 APR 14 A 11:22

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: DiIlio | FIRST NAME: Diana | 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 box or boxes, more than one box may be marked. (See instruction page)

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

☐ Check this box if you are amending an original filing

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

A First Deputy — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

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

A Montgomery Co 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: 2021

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

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

Name: Navient
Address: PO Box 9533
Wilkes-Barre, PA 18773
Interest Rate: 4.0%

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

Name: Montgomery County
Address: PO Box 311
Norristown, PA 19404

(OFFICIAL USE ONLY)

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

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

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

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

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

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

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

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

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

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

Signature [redacted] Enter Current Date 4/12/2022

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

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: DORAZIO | FIRST NAME: MARTHA | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 100 EAGLEVILLE ROAD | City: EAGLEVILLE | State: PA | Zip Code: 19403 | Area Code / Phone: [redacted]

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

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

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

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

- A: ASSISTANT WARDEN — ☐ seeking ☒ hold ☐ held
- B: ☐ seeking ☐ hold ☐ held

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

- A: MONTGOMERY COUNTY CORRECTIONAL
- B:

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

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

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

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: AMERICAN EDUCATION SERVICES | Address: HARRISBURG PA | Interest Rate: 3.5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to 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: 03/28/2022

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

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | No additional copy required | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01 LAST NAME: DORTONE | FIRST NAME: DEAN | MI: J | SUFFIX:

02 [redacted]

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

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

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

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

A Chief Financial Officer — ☐ seeking ☑ hold ☐ held

B ☐ seeking ☐ hold ☐ held

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

A Montgomery County PA

B

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

SAME

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

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

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: PNC Bank Address: Philadelphia PA
Interest Rate: 2.75%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: T/U/W Trust A [redacted]

(OFFICIAL USE ONLY)

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

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]icial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/25/22

THIS FO[redacted]COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in<br>Unannounced Write-in Winners of Nominations<br>Unannounced Write-in Winners of Elections | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: DRESHER | FIRST NAME: RICHARD | MI: J | SUFFIX:

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) 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 MONTCO PRISON BOARD - SECRETARY ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
RETIRED

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐
NONE

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: NONE Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: SEE ATTACHED Address: (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted]orities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3-28-2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 11 A 11:55 RECEIVED PA STATE ETHICS COMMISSION

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent | File only with your Employer | | |
| [redacted] | | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

# 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
EQ Trust Company
PO Box 65945
St. Paul, MN 55164

Stewart Funds
P.O. Box 183004
Columbus, OH 43218-3004

Columbia Management Investment Services
P.O. Box 8081
Boston, MA 02266-8081

BYN Mellon
P.O. Box 43006
Providence, RI 02940

Morgan Stanley
1585 **Broadway**
NY, NY 10036

Allstate
PO Box 64945
St. Paul, MN 55164

PNC
PNC Financial Services
C/O COMPUTERSHARE
PO Box 505005
Louisville, KY 40233

GlaxoSmithKline
Equinity Trust
1119CentrePointeCurve
MendotaHeights,MN

Vanguard Financial Center
Valley Forge, PA 19482
PO Box 982901
El Paso, TX 79998

Royce Funds
PO Box 419012
Kansas City, MO 64141

Dreyfus Family of Funds
PO Box 105
Newark, NJ 07101

Fidelity Investments
PO Box 28019
Albuquerque, NM 87125

The Delaware Group
1818 Market St.
Philadelphia, PA 19103

American Funds
P.O. Box 6007
Indianapolis, IN 46206-6007

Abbvie
EQ Shareowners Services
PO Box 64945
St. Paul, MN 55164

RECEIVED
2022 APR -1 AM 11:56
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: DUGAN | FIRST NAME: PATRICIA | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3314

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑
Name: NONE | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pre[redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date 4/25/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: DUNIGAN, III | FIRST NAME: TIMOTHY | MI: P | SUFFIX:

02 ADDRESS, office (business or government) or home; City; State; Zip Code; Area Code; Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: PreHospital System Coordinator — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: County of Montgomery

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

PRE-HOSPITAL SYSTEM COORDINATOR

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name | Address | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

| Name | Address |
|---|---|
| Montgomery Co. Dept. of Public Safety | 50 Eagleville Rd,Eagleville,Pa19403 |
| Montgomery Co. Community College | 340 Dekalb Pk. Blue Bell,PA 19422 |

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name | Address

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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] Digitally signed by Timothy P Dunigan, III Date: 2022.04.25 12:37:07 -04'00' Enter Current Date: 04/25/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Edmond

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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 Planning Commission

**Position** * (?) Assistant Director

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) City Planner

## 07 Year

**Year** * (?) 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** * (?) American Heritage Federal Credit Union

**Address** (?) Red Lion Road

**City** * Philadelphia

**State** * PA

**Zip Code** 19115

**Interest Rate** * 3.74
Exclude the "%" symbol

**Name** * (?) Navient

**Address** (?)

**City** * Wilmington

**State** * DE

**Zip Code** 19801

**Interest Rate** * 2.75
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County Planning Commission

**Address** * (?)

Street Address
PO Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404-0311

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-14**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:37

**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, Hom or Postal Address** * (?)

[redacted]

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** * (?) 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** * (?) Borough Manager

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

[redacted]

**interests?** * (?)

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) John J Ernst

**Address** * (?)

Street Address
Lansdale Borough
Address Line 2
1 Vine Street
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

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

RECEIVED
2022 APR 29 PM 2:37

**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**

2022-03-29

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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.

[illegible] 29 PM 2:41

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Donna

**Last Name** * (?) Fabry

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Montgomery County Planning Commission
Address Line 2
PO Box 311, Suite 201
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Telephone** * (?)
610-278-3445
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Senior Trails & Open Space Planner

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Senior Open Space Planner

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name** * (?) TruMark Financial

**Address** (?) PO Box 8127

**City** * Fort Washington

**State** * PA

**Zip Code** 19034

**Interest Rate** * 3.19
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
PO Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404-0311

Country

RECEIVED
2022 APR 29 PM 2:11

## 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**

**2022-04-01**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: falin | FIRST NAME: robert | MI: m | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A deputy district attorney — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A montgomery county

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

deputy district attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: american education services | Address: P.O. Box 2461 Harrisburg, PA 1710 | Interest Rate: 3 percent

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA | Address: P.O. Box 311 Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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] Digitally signed by Robert M. Falin Date: 2022.04.25 11:18:46 -04'00' Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Fancher | FIRST NAME: Roderick | MI: M | SUFFIX: 3d

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3131

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: FedLoan Servicing
Address: PO Box 69184, Harrisburg, PA 17106
Interest Rate: DUE TO COVID 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/28/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 MAY -3 PM 3:19

**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** * (?) | Daniel |
| **Last Name** * (?) | Farina |
| **Middle Initial** | R |
| **Suffix** | Jr. |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
425 Swede St.
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?)
6102783728
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 County 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** * (?) Urban Planning

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) Montgomery County Planning Commission

**Address** * (?)

Street Address
425 Swede St.
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**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

2022-05-03

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Daniel

**Last Name** * (?) Farina

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
425 Swede St.
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?)
2672783728
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 County 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** * (?) Urban Planning

## 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*** (?) Upgrade

**Address** (?)

**City*** San Francisco

**State*** CA

**Zip Code** 94111

**Interest Rate*** 10.02
Exclude the "%" symbol

**Name*** (?) Sofi/Mohela

**Address** (?)

**City*** Chesterfield

**State*** MO

**Zip Code** 63005

**Interest Rate*** 6.74
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?*** (?)

No

**Income Disclaimer*** By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 11 Gifts

**Have you received any reportable gifts?*** (?)

No

**Gifts Disclaimer*** By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?*** (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-05-02**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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 CS. § 1101 et seq.

RECEIVED
22 MAY -3 PM 3:19

**Please check below if you have read and understand the above terms. ***

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing? ***

No

## 01 Name

**First Name *** (?) Gail

**Last Name *** (?) Farmer

**Middle Initial** C

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Nominee

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Open Space Board Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Executive Director

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name** * (?) TruMark Financial

**Address** (?) PO Box 1329

**City** * Fort Washington

**State** * PA

**Zip Code** 19034

**Interest Rate** * 3.9
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** * (?) Wissahickon Trails

**Address** * (?)

Street Address
12 Morris Rd
Address Line 2

City
Ambler

State / Province / Region
PA

Postal / Zip Code
19002

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Wissahickon Trails

**Address** * (?)

Street Address
12 Morris Rd
Address Line 2

City
Ambler

State / Province / Region
PA

Postal / Zip Code
19002

Country

**Position Held** * (?) Executive Director

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

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:** The creditor is for my car loan

**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** 2022-05-02

[redacted]

ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHIC'S COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

2022 APR 29 PM 2:39

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Gail |
| **Last Name** * (?) | Farmer |
| **Middle Initial** | C |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Telephone** * (?) 215-740-8245

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** * (?) Nominee

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Planning Commission

**Position** * (?) Open Space Board Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Executive Director

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

Yes

## Creditors

| | |
|---|---|
| **Name** * (?) | TruMark Financial |
| **Address** (?) | PO Box 1329 |
| **City** * | Fort Washington |
| **State** * | PA |
| **Zip Code** | 19034 |
| **Interest Rate** * | 3.9<br>Exclude the "%" symbol |

## 10 Direct or Indirect Sources of income

**Are you amending your form as to sources of income?** *

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:** Creditor is for a car loan

2022 APR 29 PM 2:39

**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**

**2022-04-26**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Catherine

**Last Name** * (?) Farrell

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Montgomery County Transportation Authority
Board Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Civil Engineer

## 07 Year

**Year** * (?) 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) HNTB Corp

**Address** * (?)

Street Address
1650 Arch St
Address Line 2
Suite 1700
City: Philadelphia
State / Province / Region: PA
Postal / Zip Code: 19103
Country:

**Name** * (?) AECOM

**Address** * (?)

Street Address
625 West Ridge Pike
Address Line 2
Suite E-100
City: Conshohocken
State / Province / Region: PA
Postal / Zip Code: 19428
Country:

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?*** (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?*** (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?*** (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature*** (?)

[redacted]

**Date**

**2022-04-14**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: FISCHER | FIRST NAME: LAUREN | MI: N | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DA office — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
ADA

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Resecom PFCU
Address: PO Box 77423 Ewing NJ 08628
Interest Rate: 0%

Name: Fed Loans
Address: PO Box 790234 St. Louis MO 63179

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☐

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☐

Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties p[redacted]ties) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign[redacted] Enter Current Date 3/25/22

THIS [redacted]K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Kathleen Lynch
Director, Office of Public Engagement
Phone: 202-225-5744
Fax: 202-225-3289
1707 Longworth House Office Building
Washington, DC 20515

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Dulcie

**Last Name** * (?) Flaharty

**Middle Initial** F

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) County 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** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-06**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:38

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Edward |
| **Last Name** * (?) | Foley |
| **Middle Initial** | J |
| **Suffix** | Jr. |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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 Farm Preservation Board |
| **Position** * (?) | Farm 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** * (?) | Farmer |

## 07 Year

| | |
|---|---|
| **Year** * (?) | 2022 |

The calendar year for which this form is being filed.

## 08 Real Estate Interests

| | |
|---|---|
| **Do you have reportable real estate interests?** * (?) | No |

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) American Biosoils & Compost

**Address** * (?)

Street Address
2052 Lucon Rd
Address Line 2
City
Skippack
State / Province / Region
PA
Postal / Zip Code
19474
Country

**Name** * (?) FCS Partners

**Address** * (?) [redacted]

State / Province / Region
PA
Country

RECEIVED
2022 APR 29 PM 2:38

## 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*** (?) American Biosoils & Compost

**Address*** (?)

Street Address
2052 Lucon Rd
Address Line 2
City
Skippack
State / Province / Region
PA
Postal / Zip Code
19474
Country

**Position Held*** (?) Managing Member

**Name*** (?) FCS Partners

**Address*** (?)

[redacted]

State / Province / Region
PA
Country

**Position Held*** (?) Managing Member

## 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*** (?) FCS Partners

**Address*** (?)

[redacted]

State / Province / Region
PA
Country

[redacted]

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:** | I am the Managing Member for both FCS Partners and American Biosoils & Compost. I personally own 80% of FCS. The FCS entity owns 50% of American Biosoils & Compost but I do not personally directly own an interest in American Biosoils & Compost. |

**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**

**2022-04-25**

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:38

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: FRAME | FIRST NAME: SCOTT | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 East Airy Street, 4th Floor | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3918

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Bank of America, 100 North Tryon Street
Chase, 270 Park Avenue, New York, NY
Address: Goldman Sachs, 200 West Street, N
Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Address: P.O. Box 311
Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☐
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☐
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/26/22

THIS FO[redacted]ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2012 MAY -2 PM 1:36

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) James

**Last Name** * (?) France

**Middle Initial** S

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Executive Director, Planning Commission

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

Yes

Selecting "Yes" will allow for additions below.

**Status** * (?) Public Official (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Lower Merion Township

**Position** * (?) Planning Commission Board Member

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Planner

## 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?** * (?) Yes

## Real Estate

**Address** * (?)

Street Address

[redacted]

State / Province / Region

PA

Country

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name** * (?) SUBARU MOTORS FINANCE C/O CHASE

**Address** (?) PO BOX 78232

**City** * Phoenix

**State** * AZ

**Zip Code** 85062-8232

**Interest Rate** * 3.49

Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
PO Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

**Name** * (?) Trustees of the University of Pennsylvania

**Address** * (?)

Street Address
3451 Walnut St
Address Line 2

City
Philadelphia

State / Province / Region
PA

Postal / Zip Code
19104

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-30**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:37

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Laura

**Last Name** * (?) Frein

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Business Development

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?*** (?)

Yes

## Source of Income

**Name*** (?) RIG Consulting, Inc.

**Address*** (?)

Street Address
100 Ryan Court
Address Line 2
Suite 9
City
Pittsburgh
State / Province / Region
PA
Postal / Zip Code
19040
Country

**Name*** (?) Michael Baker International

**Address*** (?)

Street Address
500 Grant Street
Address Line 2
Suite 5400
City
Pittsburgh
State / Province / Region
Pa
Postal / Zip Code
19040
Country

RECEIVED
2022 APR 29 PM 2:27

## 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**

2022-04-07

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for policital 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

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF VOTER SERVICES MONTG CO PA

## 01 Name

| | |
|---|---|
| **First Name *** (?) | Hilary |
| **Last Name *** (?) | Fuellebom |
| **Middle Initial** | A |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Solicitor to Prothonotary

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Attorney

## 07 Year

**Year** * (?) 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Luskus & Fuelleborn PC

**Address** * (?)

Street Address
745 Yorkway Place
Address Line 2
City
Jenkintown
State / Province / Region
PA
Postal / Zip Code
19046
Country

**Name** * (?) Rental Real Estate

**Address** * (?)

[redacted]

State / Province / Region
pa
Country

**Name** * (?) rental real estate

**Address** * (?)

Street Address

[redacted]

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?** * (?)

Yes

## Business Entity

**Name** * (?) Luskus & Fuelleborn PC

**Address** * (?)

Street Address
745 Yorkway Place
Address Line 2

City: Jenkintown
State / Province / Region: No
Postal / Zip Code: 19046
Country:

**Position Held** * (?) President

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

Yes

## Business Entity

**Name** * (?) Luskus & Fuelleborn PC

**Address** * (?)

Street Address
745 Yorkway Place
Address Line 2

City: Jenkintown
State / Province / Region: PA
Postal / Zip Code: 19046
Country:

**Interest Held** * (?) 100

Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-04**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: GALLAGHER | FIRST NAME: JOCELYN | MI | SUFFIX

02 [redacted] Area Code: (610) Phone: 278-9324

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ASSITANT SECRETARY ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTCO HEHA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

DEPUTY DIRECTOR

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: SUBARU
Address: PO BOX 78232
PHOENIX, AZ 85062-8232
Interest Rate 0.00%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: DEPUTY DIRECTOR MONTGOMERY COUNTY COMMERCE DEPARTMENT
Address: 425 SWEDE STREET
NORRISTOWN, PA 19401

(OFFICIAL USE ONLY)

11 GIFTS (See Instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See Instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)
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 1/14/2022

THIS FOR[redacted]VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 15 AM 9:15

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: GALLAGHER | FIRST NAME: LAUREN | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1 Neshaminy Interplex Suite 200 | City: Trevose | State: PA | Zip Code: 19053 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☑ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A: SOLICITOR

☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: SEE ATTACHED

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Solicitor / Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) 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 instruction page) If NONE, check this box. ☐
Name: see attached | Address: | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: see attached | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pre[redacted]e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date 4/18/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 MAY -2 PM 5:06
VOTER SERVICES

**Statement of Financial Interests**
**Lauren Gallagher – 2021 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**

| *Creditor* | *Interest Rate* |
|---|---|
| Nelnet Servicing, LLC, d/b/a Firstmark Services<br>PO Box 82522<br>Lincoln, NE 68501 | 3.29% |
| Nissan Finance/NMAC<br>P.O. Box 660360<br>Dallas, TX 75266 | 4.75% |
| CITI Cards<br>P.O. Box 70166<br>Philadelphia, PA 19176-0166 | 0% |
| Lafayette Federal Credit Union<br>2701 Tower Oaks Bvld<br>Rockville, MD 20852 | 6.74% |

**Block 10**

Rudolph Clarke, LLC, 7 Neshaminy Interplex, Suite 200, Trevose, PA 19053
County of Montgomery, 425 Swede Street, PO Box 311, Norristown, PA 19404

**Block 13**

| *Employer* | *Position Held* |
|---|---|
| Rudolph Clarke, LLC<br>7 Neshaminy Interplex, Suite 200<br>Trevose, PA 19053 | Attorney/Partner |

County of Montgomery
425 Swede Street, PO Box 311
Norristown, PA 19404

Solicitor

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: GARRITY | FIRST NAME: THOMAS | MI: J | SUFFIX: MR

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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A DEPUTY DIRECTOR

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B DEPARTMENT OF PUBLIC SAFETY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

FIRE ACADEMY DIRECTOR

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 20

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: HOLY FAMILY UNIVERSITY Address: 9801 Frankford Ave, Philadelphia, PA
COMMUNITY COLLEGE OF PHILADELPHI 1700 Spring Garden St, Philadelphia

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) Interest Held
Transferee (Name and A[redacted] Relationship
Date Transferred

The undersigned hereby af[redacted]knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted]d Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date April 11, 2022

THIS FORM [redacted]LETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 22 APR 12 AM 9:21

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving** in/as:<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>(Executive, Leg. & Independent Agencies) | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: GAWRONSKI | FIRST NAME: JOSEPH | 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 instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A ASSISTANT DISTRICT ATTORNEY

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) 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 instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/18/22

THIS FOR[redacted]Y BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Joseph C. Gawronski

2021 Financial Disclosures

| Lender | Address | Interest Rate |
|---|---|---|
| Upstart/Cross River Bank | Cross River Bank<br>885 Teaneck Rd.<br>Teaneck, NJ 07666 | 9.91% |
| Capital One Auto Finance | Capital One Auto Finance<br>P.O. Box 60511<br>City of Industry, CA 91716 | 5.99% |
| FedLoan Servicing | FedLoan Servicing<br>P.O. Box 69184<br>Harrisburg, PA 17106 | 0% |

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Giamporcaro | FIRST NAME: Shannon | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3122

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Deputy District Attorney

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted] Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 3/17/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

Yes

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF VOTER SERVICES
PERRY CO. PA

## 01 Name

**First Name** * (?) Carolyn

**Last Name** * (?) Gillen

**Middle Initial** G

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Prothonotary

**Position** * (?) Second Deputy

**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** * (?) Second Deputy

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-20**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for policital 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

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF
VOTER SERVICES
MONTROSE PA

## 01 Name

**First Name** * (?) Carolyn

**Last Name** * (?) Gillen

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
2 East Airy Street
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

**Telephone** * (?) 610-278-3579
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Norristown Borough

**Position** * (?) Second Deputy

**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** * (?) Second Deputy

## 07 Year

**Year** * (?) 2022
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)
No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?)

Montgomery County Courthouse

**Address** * (?)

Street Address

2 East Airy Street

Address Line 2

City

Norristown

State / Province / Region

Pennsylvania

Postal / Zip Code

19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-01**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME:** Glenning | **FIRST NAME:** Gabriella | **MI:** E | **SUFFIX:**

**02 ADDRESS office (business or governmental) or home:** P.O Box | **City:** Norristown | **State:** PA | **Zip Code:** 19404 | **Area Code:** ( ) | **Phone:**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4): Assistant District Attorney

**07 YEAR SEE INSTRUCTIONS.** Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

**09 CREDITORS** (See instruction page) If NONE, check this box. ☐

Name: FedLoan Servicing | Address: P.O. Box 69184 Harrisburg, PA 171 | Interest Rate: 0%

**10 DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐

Name: Montgomery County, PA | Address: P.O. Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)

**11 GIFTS** (See instruction page) **If NONE, check this box.** ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) **If NONE, check this box.** ☒

Source (Name and Address) | Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) **If NONE, check this box.** ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) **If NONE, check this box.** ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) **If NONE, check this box.** ☒

Business (Name and Address) | 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 [redacted]es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04/22/2022

THIS FORM IS C[redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 - TOLL FREE 1-800-932-0936

01 LAST NAME: GOLDSTEIN | FIRST NAME: CAROLINE | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift: Value of Gift:
Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business: Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address): Interest Held
Transferee (Name and Address): Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 3/22/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: GRADEL | FIRST NAME: JOHN | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3134

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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ASSISTANT DA

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☐
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☐
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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 4/12/22

THIS FORM [redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Grobstein | FIRST NAME: Jediah | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy St. | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( 610 ) | Phone: 278-3689

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: CitiBank | Address: 388 Greenwich St., New York, NY | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Jediah Grobstein Date: 2022.02.24 15:09:03 -05'00' Enter Current Date 2/24/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:30
[illegible]

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Lydia

**Last Name** * (?) Grose

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Norristown Borough

**Position** * (?) MCTA 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** * (?) Engineer

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

[redacted]

**reportable real estate interests?** * (?)

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name*** (?) Great Lakes

**Address** (?)

**City*** Madison

**State*** WI

**Zip Code**

**Interest Rate*** 7
Exclude the "%" symbol

**Name*** (?) Citi Bank

**Address** (?)

**City*** Louisville

**State*** KY

**Zip Code**

**Interest Rate*** 14
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*** (?) Michael Baker International

**Address*** (?)
Street Address
1818 Market Street, Suite 3110
Address Line 2
Suite 3110
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19103
Country

RECEIVED
2022 APR 29 PM 2:30

**Name*** (?) SEPTA

**Address*** (?)
Street Address
1234 Market Street
Address Line 2
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19107
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** * (?) Michael Baker International

**Address** * (?)

Street Address
1818 Market Street, Suite 3110
Address Line 2
Suite 3110
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19103
Country

**Position Held** * (?) VP

**Name** * (?) COMTO

**Address** * (?)

Street Address
P.O. Box 40746 COMTO
Address Line 2
[redacted]
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19107
Country

**Position Held** * (?) President

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

**No**

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

**No**

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-22**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:38

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

[illegible] 2018 APR 29 PM 2:42

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Pattie

**Last Name** * (?) Guttenplan

**Middle Initial** E

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19446
Country

**Telephone** * (?)

[redacted]
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Assistant Director

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

Yes

Selecting "Yes" will allow for additions below.

**Status** * (?) Public Official (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * Souderton Charter School Collaborative

**Position** * (?) Trustee

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Landscape Architect

**Current Occupation or Profession** * (?) Land Planner

## 07 Year

**Year** * (?) 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** * (?) Discover

**Address** (?) PO Box 30943

**City** * Salt Lake City

**State** * UT

**Zip Code** 84130

**Interest Rate** * 23.24

Exclude the "%" symbol

2021 APR 29 PM 2:42

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address

PO Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Position Held** * (?) Assistant Director of Design & Outreach-Planning Department

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:12

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:37
[illegible]

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Jeffrey

**Last Name** * (?) Guzy

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Spring-Ford Area School District

**Position** * (?) Transportation Authority Vice Chair

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Engineer

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have** [redacted] **interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) RK&K

**Address** * (?) [redacted]

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?** * (?)

Yes

RECEIVED
2022 APR 29 PM 2:37
VOTE BY MAIL
ELECTIONS

## Business Entity

**Name** * (?) King of Prussia Rotary Foundation

**Address** * (?)

Street Address

PO Box 60187

Address Line 2

City

King of Prussia

State / Province / Region

PA

Postal / Zip Code

19406

Country

**Position Held** * (?) Treasurer

**Name** * (?) Greater Valley Forge TMA

**Address** * (?)

Street Address
Moore Road
Address Line 2
City
King of Prussia
State / Province / Region
PA
Postal / Zip Code
19406
Country

**Position Held** * (?) President

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?) [redacted]

**Date** 2022-03-15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: HAFER | FIRST NAME: JENNIFER | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: PO BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: 610 | Phone: 278-3904

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A HEARING OFFICER

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

LAWYER

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒

(OFFICIAL USE ONLY)

Name: Address:

RECEIVED
2022 APR 20 PM 1:22
PUBLIC OFFICIAL & EMPLOYEE ETHICS
COMMONWEALTH OF PA

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) Interest Held
Relationship
Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04/20/2022

THIS FO[redacted]PLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Veronica

**Last Name** * (?) Harris

**Middle Initial**

**Suffix**

## 02 Address

2022 NOV 29 PM 2:52

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Montgomery County Courthouse, PO Box 311
Address Line 2
Montgomery County Planning Commission
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19403
Country

**Telephone** * (?)
16102783744
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Recycling Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Manager

## 07 Year

**Year** * (?) 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** * (?) Fifth Third Bank Car Loan

**Address** (?) PO Box 630778

**City** * Cincinnati

**State** * OH

**Zip Code** 45263

**Interest Rate** * 4.99
Exclude the "%" symbol

**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** * (?) Nelnet Student Loan Servicing

**Address** (?) PO Box 82561

**City** * Lincoln

**State** * NE

**Zip Code** 68501

**Interest Rate** * 5.05
Exclude the "%" symbol

2022 APR 29 PM 2:42

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
425 Swede St
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** * [redacted] 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]

2022-04-04

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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** * (?) Hartman

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Trails & Open Space Planning Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Landscape Architect

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
P.O. Box 311
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Philander Chase Conservancy

21 APR 20 PM 2:12

**Address** * (?)

Street Address
306 Gaskin Avenue
Address Line 2
City
Gambier
State / Province / Region
OH
Postal / Zip Code
43022
Country

**Position Held** * (?) Director/Trustee

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?) [redacted]

**Date** 2022-04-29

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

RECEIVED
2022 APR 20 AM 7:28
OFFICE OF VOTER SERVICES

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Andrew |
| **Last Name** * (?) | Henderson |
| **Middle Initial** | T |
| **Suffix** | |

## 02 Address

| | | |
|---|---|---|
| **Business, Governmental, Home, or Postal Address** * (?) | Street Address<br>452 Swede Street<br>Address Line 2<br>PO Box 311<br>City<br>Norristown<br>Postal / Zip Code<br>19404-0311 | State / Province / Region<br>Pennsylvania<br>Country |
| **Telephone** * (?) | 610-292-4548<br>Telephone Number ###-###-#### | |

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

| | |
|---|---|
| **Status** * (?) | Public Employee (Current) |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | **Not Listed** |
| **Other County/Local Entity** * (?) | Montgomery County |
| **Position** * (?) | Deputy Director |

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Montgomery County Deputy Director |

## 07 Year

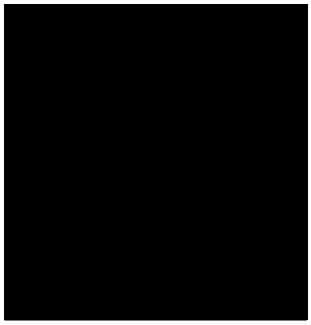
| | |
|---|---|
| **Year** * (?) | 2021<br>The calendar year for which this form is being filed |

## 08 Real Estate Interests

| | |
|---|---|
| **Do you have reportable real estate interests?** * (?) | Yes |

## Real Estate

**Address** * (?)



State / Province / Region

PA

Country

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

| | |
|---|---|
| **Name** * (?) | American Express |
| **Address** (?) | PO Box 1270 |
| **City** * | Newark |
| **State** * | NJ |
| **Zip Code** | 07101 |
| **Interest Rate** * | 24.24<br>Exclude the "%" symbol |
| **Name** * (?) | Great Lakes |
| **Address** (?) | 2401 International Lane |
| **City** * | Madison |
| **State** * | WI |
| **Zip Code** | 53704 |
| **Interest Rate** * | 6.00<br>Exclude the "%" symbol |
| **Name** * (?) | Chrysler Financial |
| **Address** (?) | PO Box 961275 |
| **City** * | Fort Worth |
| **State** * | TX |
| **Zip Code** | 76161 |
| **Interest Rate** * | 6%<br>Exclude the "%" symbol |
| **Name** * (?) | Toyota Financial |
| **Address** (?) | 4 Gatehalll Dr, Suite 350 |

**City** * Parsippany

**State** * NJ

**Zip Code** 07054

**Interest Rate** * .9
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)
Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)
Street Address
452 Swede Street
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)
No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.
☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)
No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.
☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)
No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:38

**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*** (?)

[redacted]

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*** (?) Lower Frederick Township

**Position*** (?) Supervisor

**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 Agricultural Land Preservation Board

**Position*** (?) Member

## 06 Occupation or Profession

**Current Occupation or Profession*** (?) Retired

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Lower Frederick Township

**Address** * (?)

Street Address
53 Spring Mount Road
Address Line 2
City
Schwenksvile
State / Province / Region
PA
Postal / Zip Code
19473
Country

**Name** * (?) Kestra Invetment Service, LLC

**Address** * (?)

Street Address
5707 Southwest Parkway
Address Line 2
Building 2. Suite 400
City
Austin
State / Province / Region
TX
Postal / Zip Code
78735
Country

**Name** * (?) TIAA Brokerage

**Address** * (?)

Street Address
8500 Andrew Carnegie Boulevard
Address Line 2
City
Charlotte
State / Province / Region
NC
Postal / Zip Code
28262
Country

## 11 Gifts

RECEIVED
2022 APR 29 PM 2:30

**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).

[redacted]

**Signature*** (?)

[redacted]T IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Date**

**2022-03-31**

RECEIVED MAR 01 2022

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: High | FIRST NAME: Kourtney | MI: L | SUFFIX:

02 ADDRESS (office/business or [redacted]) City State Zip Code Area Code Phone

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Grants Administrator

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Borough of Pottstown

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Grants Administrator

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Wells Fargo — Address: PO Box 77036, Minneapolis, MN — Interest Rate 6.125

Mercedes Benz Financing — PO Box 5209, Carol Stream, IN

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: Borough of Pottstown — Address: 100 E. High Street, Pottstown, PA

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift — Value of Gift

Address of Source of Gift — Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) — Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) — Position Held (i.e., officer, director, employee, etc.)

Name: — Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business — Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) — Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

The undersigned here[redacted] of said person's knowledge, information and belief, said affirmation being made subject to the penalties presc[redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/1/22

THIS FO[redacted] IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 MAR 29 PM 2:37

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Highland | FIRST NAME: William | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney

☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Nelnet Student Loans | Address: P.O. Box 82561 Lincoln, NE 68501-2561 | Interest Rate 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA | Address: P.O. Box 311 Norristown, PA 19404 | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by [redacted] Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/25/2022

THIS FORM [redacted] ETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Hoff | FIRST NAME: Emily | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3155

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Nelnet, Student Loans
Address: P.O. Box 82561, Lincoln, NE 68501-2561
Interest Rate: 7.6%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | 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 3/23/22

THIS F[redacted]T IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF VOTER SERVICES
PHILADELPHIA PA

## 01 Name

**First Name** * (?) Ellen

**Last Name** * (?) Hopkins

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
2 East Airy Street
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?) 6102783897
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** * (?) Prothonotary

**Position** * (?) Fiscal Supervsor

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Fiscal Supervisor

## 07 Year

**Year** * (?) 2022
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

---

**Additional comments or explanations about any of the above sections:**

---

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

■ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-15**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Ellen

**Last Name** * (?) Hopkins

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF VOTER SERVICES
MONTGOMERY PA

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
2 East Airy Street
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?)
610-278-3897
Telephone Number ### ### ####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Norristown Borough

**Position** * (?) Fiscal Supervisor

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Fiscal Supervisor

## 07 Year

**Year** * (?) 2022
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)
No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County Courthouse

**Address** * (?)

Street Address

2 East Airy Street

Address Line 2

PO Box 311

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa C S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-01**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Pamela

**Last Name** * (?) Howard

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 APR 27 AM 8:05
VOTER SERVICES

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
1430 DeKalb St.
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Telephone** * (?) [redacted]
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Dept HHS

**Position** * (?) Administrator MH/DD/EI

**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** * (?) Human Services

## 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** * (?) Capital One

**Address** (?)

**City** * McLean

**State** * VA

**Zip Code**

**Interest Rate** * 21.5
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)
Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)
Street Address
1430 DeKalb St.
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Name** * (?) Vanguard

**Address** * (?)
Street Address
P.O. Box 982901
Address Line 2
City
El Paso
State / Province / Region
TX
Postal / Zip Code
79998-2901
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)
No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-08**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: HUGHES | FIRST NAME: LAUREN | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza, 8th Floor | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3507

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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Sr Assistant Solicitor — ☐ seeking ☑ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery Count

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 instruction page) If NONE, check this box. ☐

09 CREDITORS (See Instruction page) If NONE, check this box. ☐

Name: Bank of America, American Express | Address: PO Box 15019, Wilmington, DE | Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Rental Income | Address: [redacted]

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☐

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address)

Name: Cadcom | Address: 113 E. Main St., Norristown, PA | Position Held (i.e., officer, director, employee, etc.): Director

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) 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 IMME[redacted]

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).

Sig[redacted] Enter Current Date 3/24/2022

TH[redacted]MPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 1 PM 3:00 S

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE | File only with your Employer | | |
| [redacted] | | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

Lauren a. Hughes

**13. Office, Directorship or Employment in Any Business *(continued)***

Montgomery Bar Association, Board of Directors

100 W. Airy St.

Norristown, PA 19401

RECEIVED
2022 APR 11 PM 3:00

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: JANKOWSKI | FIRST NAME: VICTORIA | MI: F | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 DEKALB STREET | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-5099

NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A D&A COORDINATOR — ☐ seeking ☒ hold ☐ held

B MCS BOARD OF DIRECTORS MEMBER — ☐ seeking ☒ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PA

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): D&A COORDINATOR

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

| Name | Address | Interest Rate |
|---|---|---|
| TOWNE MORTGAGE | TROY, MICHIGAN | 2.87 |
| POLICE AND FIRE FEDERAL CREDIT UNIO | PHILADELPHIA, PA | 3.0 |

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

| Name | Address |
|---|---|
| MONTGOMERY COUNTY HHS | 1430 DEKALB STREET |
| OFFICE OF DRUG AND ALCOHOL | NORRISTOWN, PA 19401 |

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

| Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift |
|---|---|---|---|
| | | | |

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

| Source (Name and Address) | Value |
|---|---|
| | |

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

| Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.) |
|---|---|
| Name: MANAGED CARE SOLUTIONS BOD — Address: NORRISTOWN, PA | SECRETARY |

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

| Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.) |
|---|---|
| | |

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

| Business (Name and Address) / Transferee (Name and Address) | Interest Held / Relationship / Date Transferred |
|---|---|
| | |

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Victoria Jankowski Date: 2022.04.20 06:57:33 -04'00' Enter Current Date 4/20/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 20 AM 8:23 PA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: JAPPE | FIRST NAME: ADRIENNE | MI: D | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3104

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box ☒
Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/7/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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.

22 APR 29 PM 2:10

**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** * (?) Ronald

**Last Name** * (?) Jarrell

**Middle Initial** E

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Court House
Address Line 2
Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?)

610-278-3745
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Community Planning Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Planner

## 07 Year

**Year** * (?) 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** * (?) Hyundai Motor Finance

**Address** (?) PO Box 20829

**City** * Fountain Valley

**State** * CA

**Zip Code** 92728

**Interest Rate** * 1.9
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)
Yes

## Source of Income

**Name** * (?) Roboda Community Association

**Address** * (?)
Street Address
PO Box 94
Address Line 2
City
Royersford
State / Province / Region
PA
Postal / Zip Code
19468
Country

2022 APR 29 PM 2:10

## 11 Gifts

**Have you received any reportable gifts?** * (?)
No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)
No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Roboda Community Association

**Address** * (?)

Street Address
PO Box 94
Address Line 2

City: Royersford
State / Province / Region: PA
Postal / Zip Code: 19468
Country:

**Position Held** * (?) Secretary/Treasurer

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?) **Date**

[redacted]

T IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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** * (?) | Barry |
| **Last Name** * (?) | Jeffries |
| **Middle Initial** | W |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
PO Box 311
Address Line 2
County Courthouse
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?) 610-278-3444
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) None

**Position** * (?) Senior design planner

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Senior Design Planner

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) County of Montgomery- MCPC

**Address** * (?)

Street Address

PO Box

Address Line 2

County Courthouse

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-28**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Johnson | FIRST NAME: Jaylene | MI: N | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede Street Suite 612 | City: Norristown | State: PA | Zip Code: 19404 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: HSGP Grants Administrator ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

HSGP Grants Administrator

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

[redacted]

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: American Heritage FCU
Address: 2060 Red Lion Rd
Philadelphia PA 19115

Interest Rate: 5.24%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: County of Montgomery
Address: 50 Eagleville Rd
Eagleville PA 19403

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Jaylene N. Johnson Date: 2022.04.12 08:45:51 -04'00' Enter Current Date 4/12/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

**PLEASE PRINT NEATLY**

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 **LAST NAME** JOHNSON | **FIRST NAME** JED | **MI** | **SUFFIX**

02 **ADDRESS** office (business or governmental) or home 540 Port Indian Rd | City Norristown | State PA | Zip Code 19403 | Area Code [redacted] Phone [redacted]

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

03 **STATUS** Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this block if you are filing as a solicitor

☐ **Check this block if you are amending an original filing**

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A DEPUTY DIRECTOR

☐ 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 YOUTH CENTER

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

DEPUTY DIRECTOR

07 **YEAR** **SEE INSTRUCTIONS.**
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2021

08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.** ☑

RECEIVED
2022 MAR 24 A 9:53
VA [illegible]

09 **CREDITORS** (See instructions on page 2). Creditor (Name and Address) **If NONE, check this box.** ☑

Name: | Address: | Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) **ONLY IF NONE, check this block.** ☑ (OFFICIAL USE ONLY)

Name: | Address:

11 **GIFTS** (See instructions on page 2) **If NONE, check this box.** ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) **If NONE, check this box.** ☑

Source (Name and Address) | Value

13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instructions on page 2) **If NONE, check this box.** ☑

Business Entity (Name and Address) | Position Held (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 [redacted] Enter Current Date 3/14/2022

THIS FORM IS [redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: JOHNSON | FIRST NAME: KAREN | MI: D | SUFFIX:

02 ADDRESS office (business or governmental) or home: ONE MONTGOMERY PLAZA BOX 311 | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (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 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): 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: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) If NONE, ☐

Name: STEVEN FAIGLE [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) | 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.)

RYCKAST CHEVROLET CEASED OPERATION IN BUSINESS, NO MORE ASSETS AS THEY WERE DISCHARGED VIA DIVORCE

15 BUSINESS INTEREST 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 [redacted] tion to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

[redacted] Enter Current Date: April 7 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Statement of Financial Interest- Addendum**
**#10 – direct or indirect sources of income- Steven Fairlie – alimony and child support**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Kaelin | FIRST NAME: Kimberly | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney

☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Aidvantage Student Loans
Address: P.O. Box 9635
Wilkes-Barre, PA 18773
Interest Rate 0.00%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA
Address: P.O. Box 311
Norristown, PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 PM 1:40
OFFICE OF VOTER SERVICES
MONTGOMERY CO. PA

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address)
Name: | Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in 18 Pa.C.S. §4904 relating to unsworn falsification to authorities and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 04/22/2022

THIS FORM MUST BE COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER® AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S WEBSITE. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region

PA

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** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Bucks County

**County/Local Entity** * (?) Warminster Township

**Position** * (?) Zoning Hearing Board Solicitor

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

Yes

Selecting "Yes" will allow for additions below.

**Status** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Bucks County

**County/Local Entity** * (?) Penndel Borough

**Position** * (?) Zoning Hearing Board Solicitor

**Status** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) North Wales Borough

**Position** * (?) Zoning Hearing Board Solicitor

| | |
|---|---|
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | Upper Merion Township |
| **Position** * (?) | Assistant Township Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Berks County |
| **County/Local Entity** * (?) | Douglass Township |
| **Position** * (?) | Assistant Township Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | West Conshohocken Borough |
| **Position** * (?) | Assistant Township Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Northampton County |
| **County/Local Entity** * (?) | Bangor Borough |
| **Position** * (?) | Special Solicitor |
| **Status** * (?) | Solicitor |
| **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** * (?) | 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** * (?) | 2021<br>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<br>Exclude the "%" symbol |
| **Name** * (?) | American Express |
| **Address** (?) | P.O. Box 1270 |

**City** * Newark

**State** * New Jersey

**Zip Code** 07101

**Interest Rate** * 29.24
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)
Yes

## Source of Income

**Name** * (?) Hamburg Rubin Mullin Maxwell & Lupin PC

**Address** * (?)
Street Address
375 Morris Road
Address Line 2
P.O. Box 1479
City
Landsale
State / Province / Region
PA
Postal / Zip Code
19446
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)
No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)
No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)
Yes

## Business Entity

**Name** * (?) Hamburg Rubin Mullin Maxwell & Lupin

**Address** * (?)

Street Address
375 Morris Road
Address Line 2
P.O. Box 1479
City
Lansdale
State / Province / Region
PA
Postal / Zip Code
19446
Country

**Position Held** * (?) Attorney

**Name** * (?) Victim Services of Montgomery County, Inc.

**Address** * (?)

Street Address
325 Swede Road
Address Line 2
2nd Floor
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

**Position Held** * (?) Secretary

**Name** * (?) Nor-Gwyn Pool Commission

**Address** * (?)

Street Address
P.O. Box 1074
Address Line 2
City
North Wales
State / Province / Region
PA
Postal / Zip Code
19454
Country

**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**

**2022-04-28**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:37

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) John

**Last Name** * (?) Kennedy

**Middle Initial** H

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) 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** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Kennedy & Associates, LLC

**Address** * (?)

Street Address
672 Main St.
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Kennedy & Associates, LLC

RECEIVED
2022 APR 29 PM 2:37

**Address** * (?)

Street Address
672 Main St.
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

**Position Held** * (?) Owner

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

Yes

## Business Entity

**Name** * (?) Kennedy & Associates, LLC

**Address** * (?)

Street Address
672 Main St.
Address Line 2
Suite 2M
City
Harleysville
State / Province / Region
PA
Postal / Zip Code
19438
Country

**Interest Held** * (?) 100

Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the**

[redacted]

**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]

2022-04-19

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:37
OFFICE OF VITAL RECORDS
RALEIGH, NC

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Kimmelman-DeVr | FIRST NAME: Cindy | MI | SUFFIX

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☒ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Program Specialist 2

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Program Specialist 2

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name | Address | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

(OFFICIAL USE ONLY)

Name: Dept of HHS / OMH

Address: PO Box 311
Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | 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] itally signed by Cynthea Kimmelman-DeVries
e: 2022.05.02 16:14:31 -04'00' Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 MAY -2 PM 1:56

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

**PLEASE PRINT NEATLY**

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME** KING | **FIRST NAME** JESSE | **MI** S | **SUFFIX**

**02 ADDRESS office (business or governmental) or home** P.O Box | **City** Norristown | **State** PA | **Zip Code** 19404 | **Area Code** ( ) | **Phone**

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A DEPUTY DISTRICT ATTORNEY

☐ seeking ☐ hold ☐ held

B

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4)
DEPUTY DISTRICT ATTORNEY

**07 YEAR SEE INSTRUCTIONS.**
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

**09 CREDITORS** (See instruction page) If NONE, check this box. ☐
Name: | Address: | Interest Rate

**10 DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐
Name: Montgomery County, PA — Academy of New Church
Address: P.O. Box 311, Norristown PA 19404 — 2815 Benade Circle, Bryn Athyn PA

(OFFICIAL USE ONLY)

RECEIVED
2022 Apr 29 PM 1:40
STATE ETHICS COMMISSION

**11 GIFTS** (See instruction page) If NONE, check this box. ☐
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) If NONE, check this box. ☐
Source (Name and Address) | Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) If NONE, check this box. ☐
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) If NONE, check this box. ☐
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby a[redacted] best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted] the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3-17-22

THIS FORM [redacted] VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible] YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:38

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Nicole

**Last Name** * (?) Kline

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) | **Not Listed** |
| **Other County/Local Entity** * (?) | Montgomery County Planning Commission Board |
| **Position** * (?) | Board Member |

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Transportation Engineer |

## 07 Year

| | |
|---|---|
| **Year** * (?) | 2021 |

The calendar year for which this form is being filed.

[redacted]

| | |
|---|---|
| **Do you have reportable real estate interests?** * (?) | No |

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name*** (?) GM Financial

**Address** (?)

**City*** Phoenix

**State*** AZ

**Zip Code**

**Interest Rate*** 0
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?*** (?)
Yes

## Source of Income

**Name*** (?) 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

2022 APR 29 PM 2:38

## 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**

**2022-04-06**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:38

**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** * (?)

[redacted]

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 |
| **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** * (?) | Zoning Hearing Board member |

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Architect |

## 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** * (?) Community Loan Servicing

**Address** (?) 4425 Ponce de Leon Blvd

**City** * Coral Gables

**State** * FL

**Zip Code** 33146

**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

Suite 200

City

Wyndmoor

State / Province / Region

Pennsylvania

Postal / Zip Code

19038

Country

**Name** * (?) Regan Kline Cross, LLC

RECEIVED
2022 APR 29 PM 2:38

**Address*** (?)

Street Address
7670 Queen Street, Suite 200
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

**Name*** (?)
Wells Fargo Advisors

**Address*** (?)

Street Address
One Fayette Street
Address Line 2
Two Tower Bridge, Suite 200
City
Conshohocken
State / Province / Region
PA
Postal / Zip Code
19428
Country

**Name*** (?)
Abington Township

**Address*** (?)

Street Address
1176 Old York Road
Address Line 2
City
Abington
State / Province / Region
PA
Postal / Zip Code
19001
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

[redacted]

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
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

**Position Held** * (?) Vice President

**Name** * (?) Regan Kline Cross, LLC

**Address** * (?)

Street Address
7670 Queen Street
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
PA
Postal / Zip Code
19038
Country

**Position Held** * (?) Partner

RECEIVED
2022 APR 29 PM 2:38

## 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
Suite 200
City
Wyndmoor
State / Province / Region
Pennsylvania
Postal / Zip Code
19038
Country

**Interest Held** * (?) 25

Exclude the "%" symbol

**Name*** (?) Regan Kline Cross, LLC

**Address*** (?)

Street Address
7670 Queen Street
Address Line 2
Suite 200
City
Wyndmoor
State / Province / Region
PA
Postal / Zip Code
19038
Country

**Interest Held*** (?) 33
Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?*** (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature*** (?) [redacted]

**Date** 2022-04-13

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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.

2021 APR 29 PM 2:10

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Thomas

**Last Name** * (?) Kohler

**Middle Initial** J

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

tate / Province / Region

ennsylvania

ountry

**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** * (?) | 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** * (?) | Upper Merion Township |
| **Position** * (?) | Transportation Authority Chair |

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Legislative Assistant |
| **Current Occupation or Profession** * (?) | Freelance Producer |

## 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** * (?) Wells Fargo Dealer Services

**Address** (?) 930 Harvest Dr #200

**City** * Blue Bell

**State** * PA

**Zip Code** 19422

**Interest Rate** * 5.69

Exclude the "%" symbol

**Name** * (?) Chase Bank

**Address** (?) P.O. Box 6294

**City** * Carol Stream

**State** * IL

**Zip Code** 60197-6294

**Interest Rate** * 24

Exclude the "%" symbol

'22 APR 29 PM 2:10

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) PA House Democratic Caucus

**Address** * (?)

Street Address
Pennsylvania State Capitol
Address Line 2
City: Harrisburg
State / Province / Region: PA
Postal / Zip Code: 17120
Country:

**Name** * (?) Upper Merion Area School District

**Address** * (?)

Street Address
435 Crossfield Rd
Address Line 2
City: King of Prussia
State / Province / Region: PA
Postal / Zip Code: 19406
Country:

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-26**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:10

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2012 APR 20 PM 2:12

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Timothy

**Last Name** * (?) Konetchy

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
425 Swede Street
Address Line 2
Suite 201
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

**Telephone** * (?)

6102924917
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Planner II

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Planner

## 07 Year

**Year** * (?) 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** * (?) FedLoan Servicing

**Address** (?) PO Box 69184

**City** * Harrisburg

**State** * PA

**Zip Code** 17106-2908

**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** * (?) Montgomery County

**Address** * (?)

Street Address

425 Swede Street

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19401

Country

2021 APR 29 PM 2:12

## 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**

**2022-03-14**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: KOMLOCK | FIRST NAME: JAMES | MI: A | SUFFIX:

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (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 MONTGOMERY COUNTY VOTER SERVICES

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Consultant

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: Address:

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 15 AM 8:46
VOTER SERVICES

11 GIFTS (See instructions on page 2) If NONE, check this box. ☑

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☑

Source (Name and Address) 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 [redacted] Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sig[redacted] Enter Current Date 5/5/21

TH[redacted] COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: KOPECKI | FIRST NAME: KATHERINE | MI: I | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☒ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Address: Interest Held

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

2022 APR 29 PM 1:10

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/19/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME:** Kull | **FIRST NAME:** Gwendolyn | **MI:** M | **SUFFIX:**

**02 ADDRESS office (business or governmental) or home:** P.O Box 311 | **City:** Norristown | **State:** PA | **Zip Code:** 19404 | **Area Code:** 610 | **Phone:** 278-5253

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

B:

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4): Assistant District Attorney

**07 YEAR SEE INSTRUCTIONS.** Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

**09 CREDITORS** (See instruction page) 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 instruction page) **If NONE, check this box.** ☐ (OFFICIAL USE ONLY)

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

2022 APR 29 PM 1:40 OFFICE OF OPEN RECORDS MONTGOMERY CO. PA

**11 GIFTS** (See instruction page) **If NONE, check this box.** ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) **If NONE, check this box.** ☒

Source (Name and Address) | Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) **If NONE, check this box.** ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) **If NONE, check this box.** ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) **If NONE, check this box.** ☒

Business (Name and Address) | Interest Held

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] Digitally signed by Gwendolyn Kull Date: 2022.04.25 11:41:43 -04'00' Enter Current Date

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.**

KULL, GWENDOLYN M

2021 STATEMENT OF FINANCIAL INTERESTS
BOX 09 CREDITORS ADDENDUM

FEDLOAN SERVICING
PO BOX 69184
HARRISBURG, PA 17106-9184
INTEREST RATE 6% FIXED (0% COVID RELIEF)

AMERICAN HONDA FINANCE
PO BOX 7829
PHILADELPHIA PA 19101-7829
INTEREST RATE 1.9%

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: LANKFORD | FIRST NAME: JAMES | MI: M | SUFFIX:

02 ADDRESS: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A BOARD MGR HIGHER EDUCATION AND ☐ seeking ☐ hold ☐ held

B HEALTH AUTHORITY ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Automobile Business

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

RECEIVED
2022 APR 5 A 9:46

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: LANKFORD Automotive
Heritage Coach Co.

Address: 405 Keystone Blvd, Pottstown, PA 19464
405 Keystone Blvd, Pottstown, PA 19464

11 GIFTS (See instruction page) If NONE, check this box. ☐

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address)
Lankford Automotive
Name: Heritage Coach Co. | Address: 405 Keystone Blvd, Pottstown, PA 19464 | Position Held (i.e., officer, director, employee, etc.): Pres, CEO

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

LANKford Automotive — 100%
Heritage Coach Co. — 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☐

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 1 [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1/19/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with **each** Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>Appointed | File with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: LATZER | FIRST NAME: STEVEN | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Deputy District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County, PA

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: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/25/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 29 PM 1:00 OFFICE OF ETHICS

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with **each** Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: LAVENBERG | FIRST NAME: DOUGLAS | MI: H | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Fed Loan Servicing
AES (American Education Services)

Address: PO Box 69184, Harrisburg, PA
PO Box 2461, Harrisburg, PA 17105

Interest Rate: 7.08%
6.8%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA

Address: P.O. Box 311
Norristown, PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 PM 1:40
MONTGOMERY CO. OFFICE OF VOTER SERVICES

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties presc[redacted]es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/19/22

THIS F[redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANI
A SEC-1 REV. 01/18

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: LAWRENCE | FIRST NAME: KENNETH | MI: E | SUFFIX: JR

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) | C ☒ Public Official (Current) | D ☐ Public Employee (Current) | E ☐ Check this block if you are filing as a solicitor

B ☐ Nominee | C ☐ Public Official (Former) | D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A COMMISSIONER

☐ seeking ☒ hold ☐ held

B BOARD OF DIRECTORS

05 GOVERNMENTAL ENTITY in which 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 SEPTA

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Commissioner

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 pg. 2) ONLY IF NONE, check this block. ☐

Name: Temple University | Address: 1801 North Broad St Philadelphia, PA 19121

(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 prescri[redacted]e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date May 1, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | State Ethics Commission | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| Constables / Deputy Constables | State Ethics Commission | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| Magisterial District Judges | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with State Ethics Commission. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | State Ethics Commission | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | State Ethics Commission | File with each Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| State House Member<br>State Senate Member | State Ethics Commission | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| Local Public Officials serving in/as:<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |
| Constables / Deputy Constables | State Ethics Commission | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Lewis | FIRST NAME: Erin | MI: C | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 Dekalb St | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-1238

NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Mental Health Prevention Spec. ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Office of Mental Health

B Health and Human Services

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
MH Prevention Specialist- Office of MH

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Discover, Macy's, Ally Auto (car loan)
Address: Discover- P.O. Box 30943, Salt Lake City, UT 84130
Macy's- P.O. Box 9001094 Louisville, KY 40290-1094
Ally Auto- P.O. Box 78234 Phoenix AZ 85062
Interest Rate Discover- 19.99%
Macy's-25.24%
Ally Auto- 7.34 %

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: County of Montgomery
Address: P.O. Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/29/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2021 APR 29 PM 2:10

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Anne

**Last Name** * (?) Leavitt-Gruberger

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

State / Province / Region
Pennsylvania

Country

**Telephone** * (?) 610-278-3727

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** * (?) County Planning Section Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Urban Planner

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Ardmore Initiative

2021 APR 29 PM 2:10

**Address** * (?)

Street Address
56 Lancaster Avenue
Address Line 2
City
Ardmore
State / Province / Region
PA
Postal / Zip Code
19003
Country

**Position Held** * (?) Treasurer

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?) [redacted]

**Date** 2022-03-21

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2021 APR 29 PM 2:41

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Jon

**Last Name** * (?) Lesher

**Middle Initial** A

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
One Montgomery Plaza, PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

**Telephone** * (?)
6102783750
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Environmental Planning Assistant Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Environmental Planning Assistant Manager

## 07 Year

**Year** * (?) 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?** * (?)
No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Rental Property

**Address** * (?)

Street Address

[redacted]

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** * (?)

[redacted]

**Date**

**2022-04-06**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Levine | FIRST NAME: Alisa | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Assistant Solicitor — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Solicitors

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Great Lakes Student Loans
Address: POI Box 7860
Madison, WI 53707-7860

Interest Rate: 0

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA
Address: One Montgomery Plaza
Norristown PA 19404

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/28/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Lloyd | FIRST NAME: Kelly | MI: S | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( 610 ) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Deputy District Attorney — ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County DA's Office

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Wells Fargo Financial
Direct Loans
Address: 800 Walnut St Des Moines IA 50309
PO Box 69184, Harrisburg PA 17106
Interest Rate 0.0%
7.125%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Rosemont College
Address: P.O. Box 311, Norristown PA 19401
1400 Montgomery Ave., Bryn Mawr

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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] Digitally signed by Kelly S. Lloyd Date: 2022.04.18 17:57:42 -04'00' Enter Current Date 4/18/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 20 PM 1:40 VOTER REGISTRATION

**Block 10 (continued)**

Temple University Beasley School of Law, 1719 North Broad Street, Philadelphia, PA 19122

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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 *** (?) Marlatt

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 APR 1 PM 3:05

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
One Montgomery Plaza, 425 Swede St.
Address Line 2
Suite 800, P.O. Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

**Telephone** * (?)
610-278-3033
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Assistant 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** * (?) Montgomery County

**County/Local Entity** * (?) Royersford Borough

**Position** * (?) Human Relations Board Member

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

No

**Income Disclaimer** * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting? * (?)**

No

**Additional comments or explanations about any of the above sections:**

**Confirmation ***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature * (?)**

[redacted]

**Date**

**2022-02-17**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MARLIER | FIRST NAME: NOAH | MI | SUFFIX

02 [redacted]

NOT [redacted] INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) B ☐ Nominee C ☒ Public Official (Current) C ☐ Public Official (Former) D ☐ Public Employee (Current) D ☐ Public Employee (Former) E ☒ Check this box if you are filing as a solicitor ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A PROTHONOTARY - MONTGOMERY COUNTY ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A SEE ADDENDUM

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

PROTHONOTARY / ATTORNEY

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

NONE

09 CREDITORS (See instruction page) 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 instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: SEE ADDENDUM Address:

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

NONE

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]on to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1/20/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 21 AM 9:
VOTER REGISTRATION
PA

# Statement of Financial Interests Addendum

**5. Governmental Entity**

Solicitor to the Jenkintown Borough Zoning Hearing Board
Solicitor to the Bridgeport Borough Zoning Hearing Board
Solicitor to the Upper Merion Transportation Authority
Solicitor to the Upper Merion General Authority
Solicitor to the West Norriton Civil Service Commission

**9. Creditors**

**Fed Loan Servicing (Dept. of Edu.)**
PO Box 530210
Atlanta, GA 30353
7%

**Earnest**
PO Box 9202
Wilkes-Barre, PA 18773
4.57%

**Navient Solutions, Inc.**
PO Box 9500
Wilkes-Barre, PA 18773
6.25%

**10. Direct or Indirect Sources of Income**

**Hamburg Rubin Mullin Maxwell & Lupin, P.C.**
375 Morris Road
Lansdale, PA 19446

**Montgomery County (PA) Prothonotary**
PO Box 311
Norristown, PA 19404

**Thomas Jefferson University Hospitals Inc.**
1020 Walnut Street
Philadelphia, PA 19107

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Edward

**Last Name** * (?) Martin

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 MAY -4 AM 11:22

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Lower Providence Township

**Position** * (?) EMS FIELD SPECIALIST

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Paramedic

## 07 Year

**Year** * (?) 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** * (?) MIDWEST MORTGAGE

**Address** (?) 400 QUINCY ST

**City** * HANCOCK

**State** * MICHIGAN

**Zip Code** 49930

**Interest Rate** * 3.25
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** * (?) Central Bucks EMS

**Address** * (?)

Street Address
455 East St
Address Line 2
City: Doylestown
State / Province / Region: Pa
Postal / Zip Code: 18901
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:** N/A

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-25**

[illegible] DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Martinez | FIRST NAME: Tambatha | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 1430 DeKalb St. | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3057

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: Office Manager — ☐ seeking ☐ hold ☑ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Office Manager

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Toyota Financial | Address: PO Box 15012 Chandler, AZ 85244 | Interest Rate: 18%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County Coroners office. | Address: 1430 Dekalb St. Norristown, PA 19401

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[illegible] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[illegible] Enter Current Date 4.13.22

THIS I[illegible]OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

[redacted]

MONTGOMERY COUNTY

OFFICE OF MANAGER

Office Hours:

Contact Number:

Chevy Chase, MD 20815

Montgomery County Public Schools

Main Building

Rockville, MD 20850

[redacted]

MONTGOMERY COUNTY

OFFICE OF MANAGER

Office Hours:

Contact Number:

Chevy Chase, MD 20815

Montgomery County Public Schools

Main Building

Rockville, MD 20850

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MARVEL | FIRST NAME: LAUREN | MI: E | SUFFIX:

02 ADDRESS (office/business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278 2096

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASST DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): 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 instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Dept of Ed. Address: 400 Maryland Ave, SW Washington, DC 20202
Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/28/22

THIS FOR[redacted]OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MATEJA | FIRST NAME: TAYLOR | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: ONE MONTGOMERY PLAZA SUITE 600 | City: NORRISTOWN | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278 3168

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (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: SECOND DEPUTY TREASURER ☐ seeking ☐ hold ☐ held

B:

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Second Deputy Treasurer

07 YEAR SEE INSTRUCTIONS. Information in blocks 8 -15 represents disclosure for the calendar year listed here: 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: 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 (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 [redacted] Enter Current Date 4/1/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Taylor M. Mateja

2021 Statement of Financial Interests – Attachments

9. CREDITORS

a. Nelnet, 121 South 13th Street, Lincoln, NE 68508 3.15% -4.410%

10. DIRECT OR INDIRECT SOURCES OF INCOME

a. County of Montgomery, One Montgomery Plaza, P.O. Box 311, Norristown PA 19404-0311

b. Upper Merion Aquatic Club, Inc., P.O. Box 60280, King of Prussia, PA 19406

c. Bryn Mawr College, 101 North Merion Ave., Bryn Mawr, PA 19010-2899

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: McCann | FIRST NAME: Edward | MI: F | SUFFIX: JR

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3100

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A First Assistant District Attorney — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

First Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

None

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: See attached sheet | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA
See attached sheet

Address: P.O. Box 311
Norristown, PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 P 1:40
OFFICE OF GOVERNOR
PHILADELPHIA, PA

11 GIFTS (See instruction page) 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 instruction page) If NONE, check this box. ☑

Source (Name and Address): None | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑

Business Entity (Name and Address)

Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4-25-22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

9. Creditors:

PSECU (car loan) – 3.25%

Nelnet Parent Plus Loans (multiple) – interest rates vary from 6.3 to 7%

10. Sources of Income (in addition to Montgomery County)

Temple University Beasley School of Law (adjunct professor)

The Wilks Firm, Tampa Florida (referral fee from civil case)

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: McClain | FIRST NAME: Kelle | MI: J | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede St. P O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 292-4546

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Finance Administrator — ☐ seeking ☐ hold ☒ held

B Fiscal Officer — ☐ seeking ☒ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Fiscal Officer

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: USAA
Address: PO Box 65020, San Antonio, TX 78265-5020
Interest Rate: 9.9%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County DRS
Address: 425 Swede St, PO Box 311, Norristown, PA 19404-0311
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: Montgomery County DRS
Address: 425 Swede St, Norristown, PA 19404
Position Held (i.e., officer, director, employee, etc.): Finance Admin

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Kelle J. McClain Date: 2022.04.20 09:43:02 -04'00' Adobe Acrobat version: 2022.001.20117

Enter Current Date: April 20, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MCGEE | FIRST NAME: SEAN | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: 60 EAGLEVILLE ROAD | City: EAGLEVILLE | State: PA | Zip Code: 19426 | Area Code: 610 | Phone: 635-7110

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: ☐ seeking ☐ hold ☐ held

B: WARDEN ☐ seeking ☑ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

B: MONTGOMERY CO. CORRECTIONAL FAC.

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☑
Name: Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift: Value of Gift:
Address of Source of Gift: Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business: Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address):
Transferee (Name and Address): Interest Held / Relationship / Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date MARCH 3, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR -1 A 11:56
OFFICE OF OPEN RECORDS
MTG. PA

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: McGinnis | FIRST NAME: Kelli | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Assistant District Attorney

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

[redacted]

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Fedloan | Address: P.O. Box 69184, Harrisburg PA 1710! | Interest Rate: 7.8%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 PM 12:40

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted]es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/25/2022

THIS FORI[redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: McGoldrick | FIRST NAME: Thomas | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Courthouse, P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Deputy District Attorney — ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy District Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/17/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 20 PM 1:40

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01 LAST NAME: McLaughlin | FIRST NAME: Kathleen | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Navient Student Loans
Address: PO Box 9635, Wilkes-Barre, PA 18773-9635
Interest Rate: 6%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Address: P.O. Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held | Relationship | Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescrib[redacted]Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/30/22

THIS FOR[redacted] COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
22 APR 2 PM 1:40

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

2022 APR 29 PM 2:12

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Robin |
| **Last Name** * (?) | McLean |
| **Middle Initial** | L |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
425 Swede Street, Norristown, PA USA 19401
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19401

Country

**Telephone** * (?)
16102783726
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Norristown Borough

**Position** * (?) Administrator

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Administrator

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *
No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
Montgomery County Courthouse
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
No
Postal / Zip Code
19403
Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

APR 29 PM 2:12

**Signature*** (?)

[redacted]

**Date**

**2022-04-26**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MCMENAMIN | FIRST NAME: CARA | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSN DIST ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ N/A (OFFICIAL USE ONLY)

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/21/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:
A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:10

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Ann Marie

**Last Name** * (?) Meehan

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Hom or Postal Address** * (?)

[redacted]

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

**Position** * (?) Exec Admin Reception

**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** * (?) Exec Admin Receptionist

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

No

**Income Disclaimer** * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

Yes

## 01 Name

| | |
|---|---|
| **First Name** * (?) | John |
| **Last Name** * (?) | Miklos |
| **Middle Initial** | C |
| **Suffix** | |

## 02 Address

RECEIVED
2018 APR 29 PM 2:11

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) 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** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
425 Swede Street
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19401

Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

APR 29 PM 2:41

| Signature * (?) | Date |
| --- | --- |
| [redacted] | 2022-04-19 |

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME** Mills | **FIRST NAME** Lindsey | **MI** T | **SUFFIX**

**02 ADDRESS office (business or governmental) or home** P.O Box | **City** Norristown | **State** PA | **Zip Code** 19404 | **Area Code** ( 610 ) | **Phone** 3151

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ **Check this box if you are amending an original filing**

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Assistant District Attorney ☐ seeking ☒ hold ☐ held

B

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4)
Assistant District Attorney

**07 YEAR SEE INSTRUCTIONS.**
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) If NONE, check this box. ☒

**09 CREDITORS** (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

**10 DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA Address: P.O. Box 311 Norristown, PA 19404

(OFFICIAL USE ONLY)
RECEIVED
2022 APR 29 PM 1:14
PA STATE ETHICS COMMISSION

**11 GIFTS** (See instruction page) If NONE, check this box. ☒
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) If NONE, check this box. ☒
Source (Name and Address) Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) If NONE, check this box. ☒
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) If NONE, check this box. ☒
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Lindsey Mills Date: 2022.03.18 09:01:16 -04'00' Enter Current Date 3/18/22

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.**

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:11

**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** * (?) Ellen

**Last Name** * (?) Miramontes

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region
Pennsylvania

Country

**Telephone** * (?) 610-278-3486

Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Planner

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Planner

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address

Montgomery County Courthouse

Address Line 2

P.O. Box 311

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404-0311

Country:

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

APR 25 PM 2:11

**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**

**2022-03-15**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:11

**Please check below if you have read and understand the above terms. ***

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing? ***

No

## 01 Name

**First Name *** (?) Chloe

**Last Name *** (?) Mohr

**Middle Initial** M

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region
PA
Country

**Telephone** * (?) 610-278-3739
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Senior Community Planner

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Community Planner

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)
No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-21**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MONTGOMERY | FIRST NAME: YVONNE | MI: B | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza, 425 Swede St. | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 2783065

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☒ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: Assistant Solicitor — ☐ seeking ☒ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Tri State Capital Bank | Address: 301 Green Street Suite 2700 Pittsburgh, PA 15219 | Interest Rate: 4%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒

Name: | Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Address of Source of Gift | Circumstances (including description) of Gift | Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address)

Name: 229 S. Easton Road LLC | Address: 2447 Ashbourne Rd Wyncote, PA 19095 | Position Held (i.e., officer, director, employee, etc.): Member

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business: 229 S. Easton Road, LLC [redacted] | Interest Held (i.e., 5%, 10%, etc.): 50%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted]oyee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 2/28/2022

THIS F[redacted]D. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>Agencies) | [redacted] | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

50%

#1 Monarch Property Management, LLC
2209 Mt. Carmel Ave
Glenside, PA 19038

#9

BMW of America
300 Chestnut Ridge Road
Woodcliff Lake, NJ
07677

RECEIVED
2022 APR 11 PM 3:00

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: MOYER | FIRST NAME: DANTON | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 389 7280

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY DISTRICT

B ATTORNEY

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Assistant District Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: U.S. Department of Education
Address: P.O. Box 82561 Lincoln, NE 68501-2561
Interest Rate: 5.3%, 6%, 6.6%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County, PA
Address: P.O. Box 311 Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by [illegible] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/25/22

THIS FORM [redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 29 PM 1:

COMMONWEALTH OF PENNSYLVANIA
SEC 1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783 1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01 LAST NAME: NASATIR | FIRST NAME: DAVID | MI: A | 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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☒ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A MEMBER BOARD OF DIRECTORS

☐ seeking ☒ hold ☐ held

B MEMBER BOARD OF DIRECTORS

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A INDUSTRIAL DEVELOPMENT AUTHORI

B PENNSYLVANIA CONVENTION CENTER

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Obermayer Rebmann Maxwell & Hippel LL
Address: 1500 Market Street, Suite 3400 W
Philadelphia, PA 19102

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Obermayer Rebmann Maxwell & Hippel Address: 1500 Market Street, Suite 3400 W

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribe[redacted]ial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1/25/2022

THIS FOR[redacted] OMPLETED. MAKE A COPY FOR YOUR RECORDS.

Attachment to 2021 Statement of Financial Interests – David A. Nasatir

Addition #04 and #05:
Served for: Delaware Valley Regional Finance Authority
Position: Member Board of Directors
During: January, 2021 – December, 2021

| **Name of Townships, Counties, etc.** | **Position** |
|---|---|
| Abington Township | Special Counsel |
| Borough of Jenkintown | Labor Counsel |
| Bucks County | Special Counsel |
| Bucks County Water & Sewer Authority | Special Counsel |
| City of Clairton | Special Counsel |
| Conshohocken Borough | Finance Counsel |
| DELCORA (Delaware County Regional Water Quality) Authority | Special Counsel |
| East Norriton Township | Labor Counsel |
| Falls Township | Labor Counsel |
| Folcroft Borough | Labor Counsel |
| Hatboro Township | Finance Counsel |
| Luzerne County | Special Counsel |
| Montgomery County Tax Claims Bureau | Bankruptcy Counsel |
| Plymouth Township | Labor Counsel and Bond Counsel |
| Sharon Hill Borough | Finance Counsel |
| Upper Darby Township | Finance Counsel |
| Upper Gwynedd Township | Finance Counsel |
| Whitemarsh Township | Labor Counsel |
| Whitpain Township | Labor Counsel |

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

RECEIVED
APR 27 P 1:19
VOTING SERVICES

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Joan |
| **Last Name** * (?) | Nagel |
| **Middle Initial** | H |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region
PA
Country

**Telephone** * (?) 610-278-3406
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 Register of Wills

**Position** * (?) First Deputy Register of Wills

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Attorney

## 07 Year

**Year** * (?) 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?** * (?)
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 Government

**Address** * (?)

Street Address

PO Box 311

Address Line 2

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-27**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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**

**Suffix**

## 02 Address

2021 ER 29 PM 2:12

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
P.O. Box 311
Address Line 2
Montgomery County Planning Commission
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Telephone** * (?) 610-278-5238
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Community Planning Assistant Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Community Planning Assistant Manager

## 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?** * (?)

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, PA

**Address** * (?)

Street Address

P.O. Box 311

Address Line 2

Montgomery County Planning Commission

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19404-0311

Country:

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-14**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 **LAST NAME**: NELSON | **FIRST NAME**: ERIKA | **MI**: L | **SUFFIX**: MC

02 **ADDRESS** office (business or governmental) or home [redacted] City State Zip Code Area Code Phone

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

03 **STATUS** Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this block if you are filing as a solicitor

☐ **Check this block if you are amending an original filing**

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A ADMINISTRATOR

☐ seeking ☐ hold ☐ held

B

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

Shelter Supervisor

07 **YEAR SEE INSTRUCTIONS.**
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2022

08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.** ☑

09 **CREDITORS** (See instructions on page 2). Creditor (Name and Address) **If NONE, check this box.** ☑

Name: Address: Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) **ONLY IF NONE, check this block.** ☑

Name: Address:

(OFFICIAL USE ONLY)

RECEIVED 2022 MAR 22 AM 8:53

11 **GIFTS** (See instructions on page 2) **If NONE, check this box.** ☑

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) **If NONE, check this box.** ☑

Source (Name and Address) 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 here[redacted] correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescr[redacted] authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3.21.22

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: NEWCOMER | FIRST NAME: PHILIP | MI: W | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Solicitor's Office; PO Box 311 | City: Norristown, | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A CHIEF OF LITIGATION

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Mazda Financial Services
Address: 6400 Main St., Suite 200, Amherst, NY 14221
Interest Rate: 0%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: County of Montgomery
Address: PO Box 311, Norristown, PA 19404
(OFFICIAL USE ONLY)

RECEIVED 2022 APR 1 PM 3:00 S

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift
Value of Gift
Address of Source of Gift
Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address)
Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name:
Address:
Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business
Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date March 7, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | **FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION.** |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: NOECKER | FIRST NAME: LISA | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery County Purchasing Dept PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 2925043

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A DEPUTY DIRECTOR ☐ seeking ☒ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Deputy Director of Purchasing

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

[redacted]

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box ☐ (OFFICIAL USE ONLY)

Name: Montgomery County Court House | Address: P.O. Box 311 Norristown PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | 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 3/22/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 0 AM 9:08

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 - TOLL FREE 1-800-932-0936

01 LAST NAME: VUGENT | FIRST NAME: JOHN | MI: F | SUFFIX:

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A MEMBER ☐ seeking ☒ hold ☐ held

B MEMBER

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A HIGHER EDUCATION AND HEALTH AUTHORITY OF MONTGOMERY CO

B HOUSING AUTHORITY OF MONTGOMERY CO

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RETIRED

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒

(OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) Interest Held

Transferee (Name and Address) Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 1-12-2022

RECEIVED
2022 APR 15 AM 9:51

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:40

**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** * (?) Brian

**Last Name** * (?) Olszak

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Montgomery County Court House
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Telephone** * (?)
610-278-3737
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Senior Trails & Open Space Planner

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Senior Trails & Open Space Planner

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) Montgomery County (Planning Commission)

**Address** * (?)

Street Address
Montgomery County Court House
Address Line 2
PO Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Name** * (?) Temple Univerisity

**Address** * (?)

Street Address
1801 N. Broad Street
Address Line 2
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19122
Country

2022 FEB 25 PM 2:10

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-25**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 - TOLL FREE 1-800-932-0936

01 LAST NAME: OLSZEWSKI | FIRST NAME: JOANNE | MI: C | SUFFIX:

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ held ☐ held

A JURY COMMISSIONER

☐ seeking ☐ held ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

JURY COMMISSIONER

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

(OFFICIAL USE ONLY)

1) Montgomery Co. POB 311 Norristown 19404
2) MAYA BROWN STATE FARM INS. 1538 Bethlehem PK Flourtown 19031
3) MORGAN STANLEY ONE LIBERTY PL. PHILA PA 19103

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) Interest Held

Transferee (Name and Address) Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in the Public Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/25/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

[redacted]

[redacted]

[redacted]

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: O'MALLEY | FIRST NAME: BARBARA | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 Swede St | City: Norristown | State: PA | Zip Code: 19401 | Area Code: 610 | Phone: 278-3182

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A DEPUTY CHIEF OPERATING OFFICER ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy Chief Operating Officer

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See Instruction page) If NONE, check this box. ☑

09 CREDITORS (See Instruction page) If NONE, check this box. ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See Instruction page) If NONE, check this box. ☐
Name: Address:

(OFFICIAL USE ONLY)

11 GIFTS (See Instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See Instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instruction page) If NONE, check this box. ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1409(b).

Signature [redacted] Enter Current Date 2/8/22

THIS FO[redacted]BOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 15 AM 9:46
VOTER SERVICES

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

RECEIVED
2022 APR 12 AM 7:15
VOTER SERVICES

## 01 Name

**First Name** * (?) Barbara

**Last Name** * (?) OMalley

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
425 Swede Street
Address Line 2
One Montgomery Plz, Suite 800
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19401
Country

**Telephone** * (?) [redacted]
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County

**Position** * (?) Deputy Chief Operating Officer

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Deputy Chief Operating Officer

## 07 Year

**Year** * (?) 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?** * (?)
No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?)

Montgomery County

**Address** * (?)

Street Address

425 Swede Street

Address Line 2

One Montgomery Plz, Suite 800

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19401

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-11**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PARDIEW | FIRST NAME: DONNA | MI: | SUFFIX:

02 ADDRESS office (business or governmental) or home: One Montgomery Plaza P.O. Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3034

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☒ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A DIRECTOR OF HUMAN RESOURCES ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Director of Human Resources

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒
Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift: Value of Gift:
Address of Source of Gift: Circumstances (including description) of Gift:

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business: Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address): Interest Held
Transferee (Name and Address): Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (relating to unsworn authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 4/12/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME** PETTIT | **FIRST NAME** LEANN | **MI** M | **SUFFIX**

**02 ADDRESS** office (business or governmental) or home: 425 Swede Street | **City**: Norristown | **State**: PA | **Zip Code**: 19404 | **Area Code**: (610) | **Phone**: 278-3292

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Dir Comms & Outreach

☐ seeking ☐ hold ☐ held

B:

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Recorder of Deeds

B:

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4): Dir Comms & Outreach

**07 YEAR** SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) If NONE, check this box. ☒

**09 CREDITORS** (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

**10 DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ | (OFFICIAL USE ONLY)

Name: County of Montgomery | Address: 425 Swede Street, Norristown, PA 19404

**11 GIFTS** (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held, Relationship, Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatu[redacted] Enter Current Date 4/11/2022

THIS F[redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Phillips | FIRST NAME: Brian | MI: O | SUFFIX:

02 ADDRESS office (business or governmental) or home: OMP 425 Swede St. Ste. 800 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☑ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: Assistant Solicitor — ☐ seeking ☑ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: American Educational Services | Address: PO Box 65093 Baltimore MD 21264 | Interest Rate: 4%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County | Address: PO Box 311 Norristown PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 11 PM 2:58
ETHICS COMMISSION

11 GIFTS (See instruction page) If NONE, check this box. ☑

Source of Gift | Address of Source of Gift | Circumstances (including description) of Gift | Value of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 2/17/2022

THIS FO[redacted]ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PHILLIPS | FIRST NAME: BRIAN | MI: O | SUFFIX:

02 ADDRESS office (business or governmental) or home: OMP, 425 Swede St., Suite 800 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3033

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☒ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Assistant Solicitor

☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: Montgomery County

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Attorney

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: American Educational Services | Address: PO Box 65093, Baltimore, MD 21264 | Interest Rate: 5%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒ (OFFICIAL USE ONLY)

Name: | Address:

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date March 28, 2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 11 A 11:56 VOTER SERVICES HOUSE OF REPRESENTATIVES PA

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PIROG | FIRST NAME: TIMOTHY | MI: M | SUFFIX:

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone
[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- 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 PROGRAM SPECIALIST 2 ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A COUNTY OF MONTGOMERY

B OFFICE OF MENTAL HEALTH

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
PROGRAM SPECIALIST II

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

| Name | Address | Interest Rate |
|---|---|---|
| CITADEL CREDIT UNION | 520 EAGLEVIEW, EXTON, PA 19341 | 3.990 |
| WELLS FARGO | DES MOINES, IA, 50306-0347 | 10.99 |

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instruction page) If NONE, check this box. ☐

| Name | Address |
|---|---|
| COUNTY OF MONTGOMERY | NORRISTOWN, PA 19404-0311 |
| COSTCO WHOLESALE CORPORATION | 999 LAKE DR ISSAQUAH WA 98027 |

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned he[redacted]best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted] the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 4-12-2022

THIS F[redacted]VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: PISARCIK | FIRST NAME: KARLA | MI: J | SUFFIX:

02 ADDRESS office (business or governmental) or home: 2 E. Airy St. | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: ASSISTANT DISTRICT ATTORNEY — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ASSISTANT DISTRICT ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: Sallie Mae / Firstmark Services — Address: P.O. Box 8459 Philadelphia, PA 191 / P.O. Box 2977 Omaha, NE 68103-2 — Interest Rate: 8% multiple

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA — Address: P.O. Box 311 / Norristown, PA 19404

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 PM 1:41
VOTER SERVICES

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Karla Pisarcik Date: 2022.04.11 10:17:18 -04'00' Enter Current Date 04/11/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

RECEIVED
2022 APR 29 PM 2:11

## 01 Name

**First Name** * (?) Matthew

**Last Name** * (?) Popek

**Middle Initial** J

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) Transportation Planning Assistant 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** * (?) Upper Merion Township

**Position** * (?) Planning Commission Board Chair

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Transportation Planning Assistant Manager

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address

PO Box 311

Address Line 2

City

Norristown

State / Province / Region

PA

Postal / Zip Code

19404

Country

2021 APR 25 PM 2:11

## 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]

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Date**

**2022-03-11**

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 MAY -3 PM 3:19
VOTER SERVICES

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

| | |
|---|---|
| **First Name** * (?) | steve |
| **Last Name** * (?) | quigley |
| **Middle Initial** | c |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Worcester Township

**Position** * (?) farm board member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) business owner

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have** Yes

[redacted]

**Interests?** * (?)

## Real Estate

**Address** * (?)

[redacted]

State / Province / Region

PA

Country

## 09 Creditors

**Do you have reportable creditors?** * (?)

Yes

## Creditors

**Name** * (?) farm credit

**Address** (?)

**City** *

**State** *

**Zip Code**

[redacted]

**Interest Rate** * 4.0

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** * (?) merrymead farm

**Address** * (?)

[redacted]

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?** * (?)

Yes

### Business Entity

**Name** * (?) merrymead farm

**Address** * (?) [redacted]

State / Province / Region

PA

Country

**Position Held** * (?) president

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

Yes

### Business Entity

**Name** * (?) merrymead farm

**Address** * (?) [redacted]

State / Province / Region

PA

Country

**Interest Held*** (?) 38

Exclude the "%" symbol

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?*** (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature*** (?) [redacted]

**Date**

**2022-03-30**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:37
[illegible]

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Jeannette

**Last Name** * (?) Quirus

**Middle Initial** J

**Suffix**

## 02 Address

**Business, Governmental, Hom or Postal Address** * (?)

[redacted]

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 (Former)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Transportation Authority

**Position** * (?) Chair in 2021

**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** Whitemarsh Township Authority

**Position** * (?) Secretary

**Status** * (?) Public Official (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity*** (?) **Not Listed**

**Other County/Local Entity*** (?) Whitemarsh Township Middle 2

**Position*** (?) Inspector of Elections

## 06 Occupation or Profession

**Current Occupation or Profession*** (?) Traffic Engineer

## 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*** (?) Toyota Financial Services

**Address** (?) PO Box 5855

**City*** Carol Stream

**State*** IL

**Zip Code** 60197-5855

**Interest Rate*** 2.49

Exclude the "%" symbol

RECEIVED
2022 APR 29 PM 2:37
VOTER SERVICES

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?*** (?)

Yes

## Source of Income

**Name*** (?) McCormick Taylor

**Address** * (?)

Street Address
1818 Market Street
Address Line 2
16th Floor
City
Philadelphia
State / Province / Region
PA
Postal / Zip Code
19103
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**

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**

**2022-03-20**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:37

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

2022 APR 29 PM 2:39

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Bruce |
| **Last Name** * (?) | Reed |
| **Middle Initial** | D |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) **Not Listed**

**Position** * (?) **Not Listed**

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Attorney

## 07 Year

**Year** * (?) 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*** (?) Toyota Financial Services

**Address** (?) P.O. Box 2991

**City*** Torrance

**State*** California

**Zip Code** 90501

**Interest Rate*** 0.00
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*** (?) Berwind Corporation

**Address*** (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

2022 APR 29 PM 2:39

## 11 Gifts

**Have you received any reportable gifts?*** (?)

No

**Gifts Disclaimer*** By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?*** (?)

No

**Transportation, Lodging, & Hospitality Disclaimer*** By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

Yes

## Business Entity

**Name** * (?) Berwind Corporation

**Address** * (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

**Position Held** * (?) Assistant Secretary

---

**Name** * (?) Berwind Natural Resources Corporation

**Address** * (?)

Street Address
Suite 900
Address Line 2
2929 Walnut Street
City
Philadelphia
State / Province / Region
Pennsylvania
Postal / Zip Code
19104
Country

**Position Held** * (?) Vice President, Director of Legal Affairs and Secretary

---

**Name** * (?) Berwind Coal Sales Company

**Address** * (?)

Street Address
509 Fifteenth Street
Address Line 2
City
Windber
State / Province / Region
Pennsylvania
Postal / Zip Code
15963
Country

**Position Held** * (?) Director, Vice President and Secretary

---

**Name** * (?) Berwind Land Company

**Address** * (?)

Street Address
300 Summers Street, Suite 1050
Address Line 2
City | State / Province / Region
Charleston | West Virginia
Postal / Zip Code | Country
25301

**Position Held** * (?) Director, Vice President and Secretary

**Name** * (?) Kentucky Berwind Land Company

**Address** * (?)

Street Address
300 Summers Street, Suite 1050
Address Line 2
City | State / Province / Region
Charleston | West Virginia
Postal / Zip Code | Country
25301

**Position Held** * (?) Director, Vice President and Secretary

**Name** * (?) Berwind Oil & Gas LLC

**Address** * (?)

Street Address
300 Summers Street, Suite 1050
Address Line 2
City | State / Province / Region
Charleston | West Virginia
Postal / Zip Code | Country
25301

**Position Held** * (?) Director, Vice President and Secretary

**Name** * (?) Blackwell Coal, Inc.

**Address** * (?)

Street Address
300 Summers Street, Suite 1050
Address Line 2
City | State / Province / Region
Charleston | West Virginia
Postal / Zip Code | Country
25301

**Position Held** * (?) Director, Vice President and Secretary

**Name** * (?) Reitz Coal Company

2022 APR 29 PM 2:39

**Address** * (?)

Street Address
509 Fifteenth Street
Address Line 2
City
Windber
State / Province / Region
Pennsylvania
Postal / Zip Code
15963
Country

**Position Held** * (?) Director and Secretary

**Name** * (?) Wilmore Coal Company

**Address** * (?)

Street Address
509 Fifteenth Street
Address Line 2
City
Windber
State / Province / Region
Pennsylvania
Postal / Zip Code
19563
Country

**Position Held** * (?) Director and Secretary

**Name** * (?) CGB, Inc.

**Address** * (?)

Street Address
300 Summers Street, Suite 1050
Address Line 2
City
Charles
State / Province / Region
West Virginia
Postal / Zip Code
25301
Country

**Position Held** * (?) Director, Vice President and Secretary

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (2) [redacted]

**Date**

**2022-04-19**

DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:39

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: REED | FIRST NAME: DAVID | MI: T | SUFFIX: MD

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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A MEMBER, MONTCO PRISON FACILITY BD.

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

FAMILY PHYSICIAN, RET.

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

NONE

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒ | (OFFICIAL USE ONLY)

Name: | Address:

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/15/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

VOTER SERVICES MONTG. CO. PA
2022 MAR -1 AM 11:56

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>(Executive, Leg. & Independent Agency) | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: REILLEY | FIRST NAME: TACY | MI: P | SUFFIX:

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☑ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A FISCAL MGT & OPERATIONS DEPUTY ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Fiscal Management & Operations Deputy

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: American Heritage Federal Credit Union HELOC
Address: 2060 Red Lion Rd Phila., PA 19115
Interest Rate: 5.490%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County Recorder of Deeds
Address: P.O. Box 311 Norristown, PA 19404
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to 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 4-8-2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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.

2020 APR 29 PM 2:39

**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** * (?) Jonathan

**Last Name** * (?) Rinde

**Middle Initial** E

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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

**Position** * (?) Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Retired (formerly lawyer)

## 07 Year

**Year** * (?) 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** * (?) | Wells Fargo Home Mortgage |
| **Address** (?) | PO Box 14411 |
| **City** * | Des Moines |
| **State** * | IA |
| **Zip Code** | 50306 |
| **Interest Rate** * | 3.0<br>Exclude the "%" symbol |

| | |
|---|---|
| **Name** * (?) | US Bank |
| **Address** (?) | PO Box 21948 |
| **City** * | Eagan |
| **State** * | MN |
| **Zip Code** | 55121 |
| **Interest Rate** * | 5.875<br>Exclude the "%" symbol |

| | |
|---|---|
| **Name** * (?) | Firstrust Bank |
| **Address** (?) | 1 Walnut Grove Drive |
| **City** * | Horsham |
| **State** * | PA |
| **Zip Code** | 19044 |
| **Interest Rate** * | 3.0<br>Exclude the "%" symbol |

2022 APR 29 PM 2:39

| | |
|---|---|
| **Name** * (?) | Wells Fargo Home Mortgage |
| **Address** (?) | PO Box 77036 |
| **City** * | Minneapolis |
| **State** * | Minnesota |
| **Zip Code** | 55480 |
| **Interest Rate** * | 2.75<br>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*** (?) Manko Gold Katcher Fox LLP

**Address*** (?)

Street Address
401 City Avenue
Address Line 2
Suite 901
City
Bala Cynwyd
State / Province / Region
PA
Postal / Zip Code
19004
Country

**Name*** (?) Jon Spadel

**Address*** (?) [redacted]

State / Province / Region
PA
Country

**Name*** (?) Keith Gebhardt

**Address*** (?) [redacted]

State / Province / Region
PA
Country

**Name*** (?) Alan Tinsley and Mary Beth Smith

**Address*** (?) [redacted]

State / Province / Region
PA
Country

[redacted]

**Address*** (?) [redacted]

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?** * (?)

Yes

### Business Entity

**Name** * (?) Red Sky I, L.P.

**Address** * (?)

Street Address
Post Office Box 26304

Address Line 2

City
Collegeville

State / Province / Region
PA

Postal / Zip Code
19426

Country

**Interest Held** * (?) 48

Exclude the "%" symbol

2022 APR 29 PM 2:39

## 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**

**2022-04-27**

IF ANY BLOCK ABOVE IS NOT COMPLETED, MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SALUS | FIRST NAME: JASON | MI: E | SUFFIX:

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A TREASURER ☐ seeking ☒ hold ☐ held

B DIRECTOR ☐ seeking ☒ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B MONTGOMERY CO IND US DEVPT AUTH

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

MONTGOMERY COUNTY TREASURER

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) 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 instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: SEE ATTACHED Address:

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: SEE ATTACHED Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

SEE ATTACHED

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) Interest Held
Relationship
Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pre[redacted] to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signat[redacted] Enter Current Date 4/26/22

THIS [redacted] NY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Attachment to Statement of Financial Interests**
**for Jason E. Salus**
**Year: 2021**

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/WSFS, 530 Walnut Street, Philadelphia PA 19106, 4.625%
3) Flagstar Bank, 5151 Corporate Drive, Troy MI 48098, 6.75%
4) Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH, 4526, 3.625%
5) Citicard, P.O. Box 183113, Columbus OH 43218-3113, 13.24%
6) Finance of America Mortgage LLC, 300 Welsh Road, Building 5, Horsham, PA 19044, 2.625%

10. 1) Montgomery County, P.O. Box 311, Norristown PA 19404
2) Property Lease – 210 Maple Street, Conshohocken PA 19428
3) Property Sale (2001 Hamilton Street, #2117, Philadelphia PA 19130) to Jane Cary, 2575 Old River Road, Easton, PA 18040
4) Vanguard Health Care Mutual Fund
5) Schwab S&P 500 Index Fund
6) Cohen Partners LLC, 1601 Walnut Street, Suite 522, Philadelphia PA 19102
7) Interboro School District, 900 Washington Ave, Prospect Park, PA 19076 (spouse income)

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



COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SANCHEZ | FIRST NAME: KAREN | MI: M | 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 CONTROLLER MONTCO PA

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ATTORNEY

07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 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 N/A

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐

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

SEE ATTACHED

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐

Business Entity (Name and Address) Position Held (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

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).

Signatur[redacted] Enter Current Date 3-12-22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 MAR 10 AM 10:55
VOTER SERVICES
MONTGOMERY CO. PA

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in<br>Unannounced Write-in Winners of Nominations<br>Unannounced Write-in Winners of Elections | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees), Heads of executive, legislative and independent agencies, boards and commissions, and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

**Attachment to Statement of Financial Interests of**
**Karen M. Sanchez -- 2021**

**Block 10 Direct or Indirect Sources of Income:**

| Name: | Address: |
|---|---|
| Obermayer Rebmann<br>Maxwell & Hippel LLP | Centre Square West<br>1500 Market Street<br>Suite 3400<br>Philadelphia, PA 19102 |
| Montgomery County, Pennsylvania | Office of the Controller<br>One Montgomery Plaza, 5th Floor<br>P.O. Box 311<br>425 Swede Street<br>Norristown, PA 19404 |
| Commonwealth of Pennsylvania – House of Representatives (spousal income) | Main Capitol Building<br>Harrisburg, PA 17120 |
| Rudolph Clarke, LLC (spousal income) | Seven Neshaminy Interplex<br>Suite 200<br>Trevose, PA 19053 |

**Block 12 Transportation, Lodging, Hospitality:**

| Source: | Address: | Amount: |
|---|---|---|
| Steamfitters Local Union 420 | 14420 Townsend Road,<br>Suite A<br>Philadelphia, PA 19154 | $1000.00 |

**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 |
| Family Promise Montco PA (f/k/a Inter-Faith Housing Alliance) (spouse) | 31 South Spring Garden Street, Ambler, PA 19002 | Board Member |
| GVF (spouse) | 1012 West Eighth Ave, Suite A King of Prussia, PA 19046 | Board Member – Ex Oficio |

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SAWYER | FIRST NAME: DORI | MI: E | SUFFIX:

02 ADDRESS office (business or governmental) or home: 425 SWEDE ST | City: Norristown | State: PA | 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 instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☒ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A DIRECTOR OF ELECTIONS ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): DIRECTOR OF ELECTIONS

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: CHASE | Address: PO BOX 15123 WILMINGTON DE 19850 | Interest Rate: 16.24%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒
Name: [redacted] | Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held / Relationship / Date Transferred
Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties 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 4/12/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Schiff | FIRST NAME: Brianna | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☒ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Assistant District Attorney

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

ADA

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

09 CREDITORS (See instruction page) If NONE, check this box. ☐

Name: US Dept of Ed | Address: PO Box 69184 | Interest Rate: 6.375

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

(OFFICIAL USE ONLY)

2022 APR 29 PM 1:4

11 GIFTS (See instruction page) If NONE, check this box. ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pr[redacted]es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signa[redacted] Enter Current Date 4/22/22

THIS [redacted] K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SCHREIBER | FIRST NAME: LORI | MI: A | SUFFIX:

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- 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 CLERK OF COURTS

☐ seeking ☒ hold ☐ held

B COMMISSIONER

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B ABINGTON TOWNSHIP

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Clerk of Courts & College Instructor

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: ~~[illegible]~~ Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: See Attached paper Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/26/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**Question #10- Direct or Indirect SOURCES OF INCOME :** For Lori Schreiber for year 2021

Montgomery County, P.O. Box 311, Norristown, PA 19404-0311

Penn State Abington, 1600 Woodland Road, Abington PA 19001

Montgomery County Community College, 340 Dekalb Pike, Blue Bell PA 19046

Abington Township, 1176 Old York Road, Abington PA 19001

Raymond James and Associates, Inc. , 4 Caulfield Place, Suite 101 Newtown, PA 18904

Merrill Lynch, The Mawson Schell Group, 101 West Ave. Suite 100, Jenkintown, PA 19046

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SCHULBERGER | FIRST NAME: SUSAN | MI | SUFFIX

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A ADMINISTRATIVE ASSISTANT — ☐ seeking ☒ hold ☐ held

B — ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Admin. Assistant

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescr[redacted]mployee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/13/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SCHULL | FIRST NAME: CLAUDINE | MI: D | SUFFIX:

02 ADDRESS: [redacted]

NOTE: IF YOU [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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: CHILDRENS BH COORDINATOR — ☐ seeking ☑ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: COUNTY OF MONTGOMERY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Children's Behavioral Health Coordinator.

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☑
Name: Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift: Value of
Address of Source of Gift: Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address): Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business: Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address):
Transferee (Name and Address): Interest Held / Relationship / Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5/1/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 MAY 6 AM 9:58
MONTGOMERY CO. BD. OF ELECTIONS
VOTER SERVICES

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Sehn | FIRST NAME: Madison | MI: A | SUFFIX:

02 ADDRESS office (business or governmental) or home: 50 Eagleville Rd | City: Norristown | State: PA | Zip Code: 19403 | Area Code / Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A Health and Safety Specialist ☐ seeking ☐ hold ☐ held

B ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A EMS Division

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Health and Safety Specialist

07 YEAR SEE INSTRUCTIONS.

Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: Navient (Student Loan) Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Montgomery COunty Dept of Public Safety Address: Stone Harbor Fire Dept

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held / Relationship / Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/13/22

THIS FO[redacted]Y BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SEIFRIT-TOWNSEND (TOWNSEND) | FIRST NAME: MERIN | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: Montgomery Dept of Health+ Human Services | City: P.O Box 311 Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-6200

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: MENTAL HEALTH DIRECTOR ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Childrens Mental Health Director

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☒ (OFFICIAL USE ONLY)
Name: Address:

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift: Value of Gift:
Address of Source of Gift: Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address): Value:

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address): Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business: Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/13/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED 2022 APR 29 A 11:

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) | Laureen |
| **Last Name** * (?) | Sendel-Grant |
| **Middle Initial** | G |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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 Planning Commission |
| **Position** * (?) | Planner |

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Transportation Planner |

## 07 Year

| | |
|---|---|
| **Year** * (?) | 2021 |

The calendar year for which this form is being filed.

[redacted]

| | |
|---|---|
| **Are you amending your form as to real estate interests?** * | No |

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
Montgomery County Courthouse
Address Line 2
PO Box 311
City
Norriston
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-29**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

Yes

RECEIVED
2022 APR 21 AM 9:19
OFFICE OF
VOTER SERVICES

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Linda |
| **Last Name** * (?) | Severson |
| **Middle Initial** | M |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

State / Province / Region
Pennsylvania
Country

**Telephone** * (?) 6102783341
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** * (?) Prothonotary Office

**Position** * (?) office 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** * (?) office manager

## 07 Year

**Year** * (?) 2021
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** * (?) Linda M Severson

**Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404-0311
Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

| Signature * (?) | Date |
| --- | --- |
| [redacted] | 2022-04-18 |

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Linda |
| **Last Name** * (?) | Severson |
| **Middle Initial** | M |
| **Suffix** | |

RECEIVED
2022 APR 21 AM 9:19
OFFICE OF VOTER SERVICES
BERKS CO PA

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Airy & Swede St
Address Line 2
Prothonotary office
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

**Telephone** * (?) 610-278-3341
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Norristown Borough

**Position** * (?) Office Manager Prothonotary

**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** * (?) Office Mgr

## 07 Year

**Year** * (?) 2022
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

No

**Income Disclaimer** * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** * The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-30**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SHACKLETT | FIRST NAME: JAMES | MI: H | SUFFIX: III

02 ADDRESS office (business or governmental) or home: P.O. BOX 158 | City: LAFAYETTE HILL | State: PA | Zip Code: 19444 | Area Code: (610) | Phone: 613-4988

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☑ Public Official (Current) | C ☐ Public Official (Former) | D ☐ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A: BOARD MEMBER

☐ seeking ☑ hold ☐ held

B: MONT. CTY. HIGHER EDUCATION & HEALTH AUTHORITY

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

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: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: ALLAN MYERS / DEVAULT PARTNERS | Address: BERKS RD WORCESTER PA

(OFFICIAL USE ONLY)

RECEIVED 2022 APR 5 A 9:46 VOTER SERVICES

11 GIFTS (See instruction page) If NONE, check this box. ☑

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: ALLAN MYERS / DEVAULT PARTNERS | Address: BERKS RD, WORCESTER PA | V/P & M

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

NONE

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 relating to unsworn falsification to authorities and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 3-18-22

THIS F[redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 MAY -3 PM 3:10
VOTER SERVICES

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Joseph

**Last Name** * (?) Shaw

**Middle Initial** A

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Montgomery County Planning Commission
Address Line 2
Courthouse - P.O. Box 311
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404-0311
Country

**Telephone** * (?)
610-278-3733
Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Government

**Position** * (?) Section Manager

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Environmental Planning Section Manager

## 07 Year

**Year** * (?) 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?** * (?)
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
Montgomery County Courthouse
Address Line 2
P.O. Box 311
City: Norristown
State / Province / Region: PA
Postal / Zip Code: 19404-0311
Country:

**Name** * (?) Montgomery County Community College

**Address** * (?)

Street Address
340 DeKalb Pike
Address Line 2
City: Blue Bell
State / Province / Region: PA
Postal / Zip Code: 19422
Country:

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?*** (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?*** (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation***

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature*** (?)

[redacted]

**Date**

2022-05-03

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Kim

**Last Name** * (?) Sheppard

**Middle Initial**

**Suffix**

## 02 Address

2022 APR 29 PM 2:39

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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** * (?) **Not Listed**

**Other State Entity** * (?) **Not listed**

**Position** * (?) open space 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** * (?) President Whitemarsh Foundation

## 07 Year

**Year** * (?) 2021

## 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** * (?) Whitemarsh Foundation

**Address** * (?)

Street Address

PO Box 538

Address Line 2

City: Lafayette Hill

State / Province / Region: PA

Postal / Zip Code: 19444

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SISLER | FIRST NAME: KARLEY | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: PO Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: 610 | Phone: 278-3277

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☑ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Director In-Person Elections

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☑
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☑
Name: | Address:

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 29 AM 9:0

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/29/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>Agencies) | | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

Yes

2022 APR 29 PM 2:38

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Allison |
| **Last Name** * (?) | Slizofski |
| **Middle Initial** | S |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) n/a

**Position** * (?) MCTA 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** * (?) engineer

## 07 Year

**Year** * (?) 2022

The calendar year for which this form is being filed.

[redacted]

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

No

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:** There should be no substantial changes from 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

RECEIVED
2022 APR 20 PM 2:30
[redacted]

**Signature** * (?) [redacted]

**Date** 2022-04-18

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SMITH | FIRST NAME: SEAN | MI: P | SUFFIX:

02 ADDRESS office (business or governmental) or home: 60 Eagleville Road | City: Eagleville | State: PA | Zip Code: 19403 | Area Code: (610) | Phone: 635-7112

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

A: ASSISTANT WARDEN — ☐ seeking ☑ hold ☐ held

B: ☐ seeking ☐ hold ☐ held

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

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: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☑

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Citizens Bank Mortgage | Address: One Citizens Plaza, Providence, RI 02903 | Interest Rate: 2.75%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☑
Name: | Address: | (OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☑
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☑
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed in 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date: 3/29/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 1 AM 11:56 VOTER SERVICES OFFICE MONTGOMERY CO. PA

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in<br>Unannounced Write-in Winners of Nominations<br>Unannounced Write-in Winners of Elections | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>Agencies) | [redacted] | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANI
A SEC-1 REV. 01/18

# STATEMENT OF FINANCIAL INTERESTS

**PLEASE PRINT NEATLY**

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 **LAST NAME** SOLTYSIAK | **FIRST NAME** LEE | **MI** A | **SUFFIX**

02 [redacted]

03 **STATUS** Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ **Check this block if you are amending an original filing**

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A CHIEF OPERATING OFFICER

☐ seeking ☐ hold ☐ held

B

05 **GOVERNMENTAL ENTITY** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

Government Administration

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: U.S. Bank - Auto Lease

Address: 800 Nicollet Mall
Minneapolis, MN 55402

Interest Rate: 0 %

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) **ONLY IF NONE, check this block.** ☐

Name: Montgomery County

Address: 425 Swede 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

Transferee (Name and Address)

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4.27.22

**THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.**

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | State Ethics Commission | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| Constables / Deputy Constables | State Ethics Commission | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| Magisterial District Judges | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in<br>Unannounced Write-in Winners of Nominations<br>Unannounced Write-in Winners of Elections | For state office file with State Ethics Commission. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | State Ethics Commission | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | State Ethics Commission | File with each Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| State House Member<br>State Senate Member | State Ethics Commission | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |
| Constables / Deputy Constables | State Ethics Commission | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>[redacted]<br>Agencies) | | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01 LAST NAME** Sorg | **FIRST NAME** Jeanne | **MI** | **SUFFIX**

**02 ADDRESS office (business or governmental) or home** 1 Montgomery | **City** Norristown | **State** PA | **Zip Code** 19401 | **Area Code** [redacted] **Phone**

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

**03 STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

**04 PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.)

A Recorder of Deeds — ☐ seeking ☒ hold ☐ held

B Mayor — ☐ seeking ☒ hold ☐ held

**05 POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B Ambler Borough

**06 OCCUPATION OR PROFESSION** (This may be the same as block 4)
Recorder of Deeds/Mayor

**07 YEAR SEE INSTRUCTIONS.**
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08 REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

**09 CREDITORS** (See instruction page) If NONE, check this box. ☐
Name: Chrysler Capital
Address: PO Box 961275, Fort Worth, TX 76161
Interest Rate 0

**10 DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐
Name: Montgomery County
Address: 1 Montgomery Plaza, Norristown, PA 19401
(OFFICIAL USE ONLY)

**11 GIFTS** (See instruction page) **If NONE, check this box.** ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

**12 TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) **If NONE, check this box.** ☒
Source (Name and Address) | Value

**13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) **If NONE, check this box.** ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: | Address:

**14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) **If NONE, check this box.** ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

**15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) **If NONE, check this box.** ☒
Business (Name and Address) | Interest Held
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 4/12/22

THIS IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Steele | FIRST NAME: Kevin | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box | City: Norristown | State: PA | Zip Code: 19404 | Area Code: ( ) | Phone:

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: District Attorney — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Prosecutor

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) 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 instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: Montgomery County, PA
Cabrini University
Address: P.O. Box 311
Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. ☐

Source of Gift: See Addendum | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☐

Source (Name and Address): See Addendum | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address)

Name: See Addendum | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to 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: 04/19/22

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**
**2022**

9. Creditor

| Creditor | Interest Rate |
|---|---|
| Audi Financial Services | 2.99% |
| Pacific Life | 4.25% |
| PSECU | 9.9% |
| Subaru Motors Finance | 1.9% |

10. SOURCES OF INCOME

| Source Income | Address |
|---|---|
| County of Montgomery | Norristown, PA |
| Cabrini University | Radnor, PA |

11. GIFTS

| Source | Address | | Value |
|---|---|---|---|
| *PSU Alumni Assoc. | State College, PA | 2 books | $56.14 |
| *PSU | State College, PA | Football Ticket | $78.00 |

Circumstances
*PSU Books and Football Ticket: were for me in my role and as a Past-President of the Penn State Alumni Association, which was a volunteer position NOT associated with my public position.

12. TRANSPORTATION, HOSPITALITY, LODGING

| Source | Address | Value |
|---|---|---|
| PA DA Assn. | Harrisburg, PA | Unknown |

13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

| Entity | Position Held |
|---|---|
| Penn Wynne/Overbrook Hills Fire Department | Vice-President |
| Liberty Mid-Atlantic HIDTA | Chairman |
| Mission Kids | Board of Directors |
| MCAP—Montgomery County Child Advocacy Project | Board of Directors |
| The Baldwin School | Board of Trustees |
| Pennsylvania District Attorneys Association | President |
| Pennsylvania District Attorneys Institute | Treasurer |

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Stein | FIRST NAME: Joshua | MI: M | SUFFIX:

02 [redacted] Area Code Phone: (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 County Solicitor

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

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: County of Montgomery
S&S Family Partnership

Address: 425 Swede Street, Norristown PA
[redacted]

(OFFICIAL USE ONLY)

RECEIVED 2022 APR 15 AM 9:46

11 GIFTS (See instructions on page 2) If NONE, check this box. ☑

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☑

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☐

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

S&S Family Partnership, [redacted] 36%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☐

Business (Name and Address) Interest Held
Relationship
Transferee (Name and Address) Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 4/6/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Stein | FIRST NAME: Joshua | MI: M | SUFFIX:

02 ADDRESS office (business or employment address) [redacted] Area Code Phone: (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) B ☐ Nominee C ☐ Public Official (Current) C ☐ Public Official (Former) D ☑ Public Employee (Current) D ☐ Public Employee (Former) E ☑ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☑ hold ☐ held

A County Solicitor

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A County of Montgomery

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Attorney

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8 -15 represents disclosure for the calendar year listed here: 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: County of Montgomery
S&S Family Partnership

Address: 425 Swede Street, Norristown PA [redacted]

(OFFICIAL USE ONLY)

RECEIVED 2022 APR 11 PM 3:00

11 GIFTS (See instructions on page 2) If NONE, check this box. ☑

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☑

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

S&S Family Partnership, [redacted] | 36%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☐

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that [redacted] of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 1 [redacted] Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/6/2022

THIS FORM IS [redacted] NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

[redacted] 4)

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: STEMPLE | FIRST NAME: JESSE | MI: R | SUFFIX: SR

02 ADDRESS office (business or governmental) or home | City | State | Zip Code | Area Code | Phone

[redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☒ held

A DEPUTY DIRECTOR MONTGOMERY DPS

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY PA

B DEPARTMENT OF PUBLIC SAFETY

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

LAW ENFORCEMENT TRAINING

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

NONE

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: [redacted] Address: [redacted] Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: MONTGOMERY COUNTY Address: 50 EAGLEVILLE RD EAGLEVILLE PA

(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held | Relationship | Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Sign: [redacted] Enter Current Date 4-15-2022

THIS [redacted] BOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 14 PM 11:22

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

RECEIVED
2022 APR 29 PM 2:10

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Michael

**Last Name** * (?) Stokes

**Middle Initial** M

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region
PA
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 Official (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Open Space Board

**Position** * (?) Board Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) retired

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

[redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Vanguard Total Stock Mrk Inx

**Address** * (?)

Street Address: 100 Vanguard Blvd
Address Line 2:
City: Malvern
State / Province / Region: PA
Postal / Zip Code: 19355
Country:

**Name** * (?) Michael M. Trust Vanguard

**Address** * (?)

Street Address: 100 Vanguard Blvd
Address Line 2:
City: Malvern
State / Province / Region: PA
Postal / Zip Code: 19355
Country:

**Name** * (?) Vanguard Windsor II Fund

**Address** * (?)

Street Address: 100 Vanguard Blvd
Address Line 2:
City: Malvern
State / Province / Region: PA
Postal / Zip Code: 19355
Country:

**Name** * (?) Vanguard Brokerage Acct

**Address** * (?)

Street Address: 100 Vanguard Blvd
Address Line 2:
City: Malvern
State / Province / Region: PA
Postal / Zip Code: 19355
Country:

**Name** * (?) Vanguard Domtar Capital Gain

2022 APR 29 PM 2:10

**Address*** (?)

Street Address
100 Vanguard Blvd
Address Line 2

City
Malvern

State / Province / Region
PA

Postal / Zip Code
19355

Country

**Name*** (?) Merrill Lynch Acct

**Address*** (?)

Street Address
Two World Trade Center
Address Line 2

City
New York

State / Province / Region
New York

Postal / Zip Code
10080

Country

**Name*** (?) Vanguard Energy Fund

**Address*** (?)

Street Address
100 Vanguard Blvd
Address Line 2

City
Malvern

State / Province / Region
PA

Postal / Zip Code
19355

Country

**Name*** (?) Vanguard Inv. Grade

**Address*** (?)

Street Address
100 Vanguard Blvd
Address Line 2

City
Malvern

State / Province / Region
PA

Postal / Zip Code
19355

Country

**Name*** (?) Vanguard Admiral Fund

**Address*** (?)

Street Address
100 Vanguard Blvd
Address Line 2

[redacted]

City
Malvern

State / Province / Region
PA

Postal / Zip Code
19355

Country

**Name*** (?) Vanguard Bond Inx

**Address** * (?)

Street Address
100 Vanguard Blvd
Address Line 2
City
Malvern
State / Province / Region
PA
Postal / Zip Code
19355
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:**

2022 APR 29 PM 2:10

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-21**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: SZEKELY | FIRST NAME: GEORGE | MI: A | SUFFIX: II

02 ADDRESS, office (business or governmental) or home | City | State | Zip Code | Area Code | Phone: [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- 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

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MCCF PRESIDENT BOARD INSPECTOR

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

CHIROPRACTOR

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: ANDREW SZEKELY CHIRO CTR Address: 704 S. BROAD ST. LANSDALE, PA

(OFFICIAL USE ONLY)

RECEIVED
2022 APR -1 A 11:56
OFFICE OF VOTER SERVICES
MONTGOMERY CO., PA

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: ANDREW SZEKELY CHIRO CTR Address: 704 S. BROAD ST. 19446 PRESIDENT

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

SAME AS ABOVE 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by [redacted] orities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 03/25/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in<br>Unannounced Write-in Winners of Nominations<br>Unannounced Write-in Winners of Elections | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>Agencies) | | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Christina

**Last Name** * (?) Terebelo

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 APR 11 PM 3:03

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
Montgomery County Solicitor's Office
Address Line 2
P.O. Box 311
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

**Telephone** * (?) 610-278-3033
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 Solicitor's Office

**Position** * (?) Assistant Solicitor

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *
No
Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Attorney

## 07 Year

**Year** * (?) 2021
The calendar year for which this form is being filed.

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *
Yes

## Creditors

**Name** * (?) Volvo Car Financial Services

**Address** (?)

**City** * Mobile

**State** * Alabama

**Zip Code**

**Interest Rate** * .003
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *
No

## 11 Gifts

**Are you amending your form as to gifts?** *
No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *
No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *
No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *
No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *
No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-30**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Lauren

**Last Name** * (?) Tilger-Halbom

**Middle Initial**

**Suffix**

RECEIVED
2022 APR 21 AM 9:18
OFFICE OF VOTER SERVICES
MONTG. CO. PA

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Prothonotary

**Position** * (?) First Deputy

**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** * (?) First Deputy

## 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?** * (?)

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, PA

**Address** * (?)

Street Address

One Montgomery Plaza

Address Line 2

425 Swede St

City: Norristown

State / Province / Region: PA

Postal / Zip Code: 19401

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☑ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-01**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**01** LAST NAME: TORNETTA | FIRST NAME: CHARLES | MI: J | SUFFIX:

**02** ADDRESS 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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☒ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

**04** PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: PLANNING COMMISSIONER ☐ seeking ☐ hold ☐ held

B:

**05** POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

**06** OCCUPATION OR PROFESSION (This may be the same as block 4)

Real Estate Broker

**07** YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

**08** REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☐

See Block 14

**09** CREDITORS (See instruction page) If NONE, check this box. ☐

Name: See Block 14 | Address: | Interest Rate

Loans only as part of Investments in Block 14

**10** DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: See Block 14 | Address: | (OFFICIAL USE ONLY)

**11** GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift

Address of Source of Gift | Circumstances (including description) of Gift

**12** TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

**13** OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐

Business Entity (Name and Address)

See Insert

Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

**14** FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

See Insert

**15** BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4-19-22

THIS FORM IS [redacted] OMPLETED. MAKE A COPY FOR YOUR RECORDS.

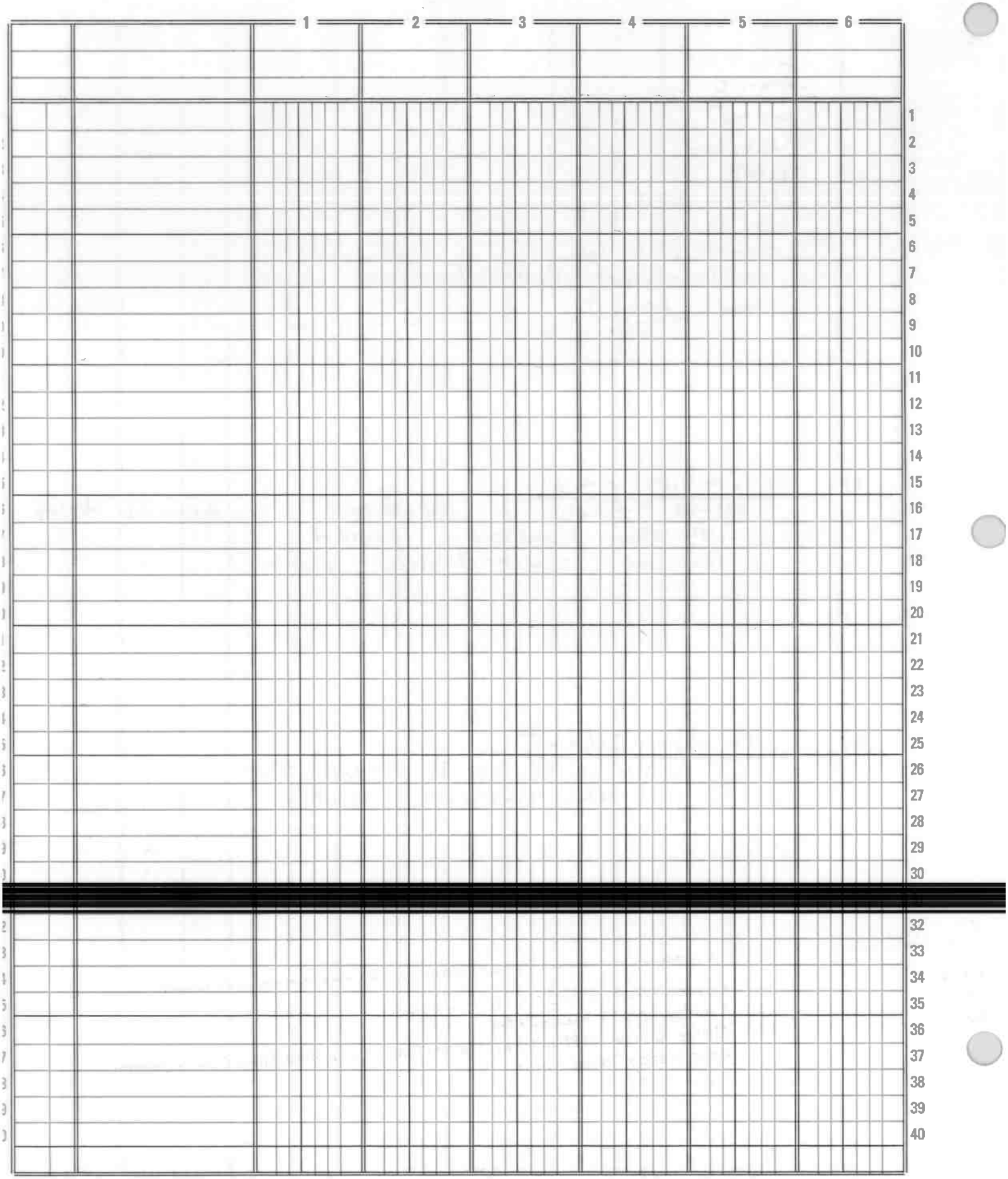
STAPLES

Charles + Dorothy Tarnek

2021

| | Initials | Date |
|---|---|---|
| Prepared By | | |
| Approved By | | |

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|
| 1 | 12 | Income | | | | | |
| 2 | | AT+T | | | | | |
| 3 | | Verizon | | | | | |
| 4 | | BMT | | | | | |
| 5 | | Merrill Lynch | | | | | |
| 6 | | New Springs | | | | | |
| 7 | | Tarnetta Realty Corp | | | | | |
| 8 | | Charles + Dorothy Decent Trust | | | | | |
| 9 | | Social Security | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | 13 | OFFICE + Directorships | | | | | |
| 16 | | Tarnetta Realty Corp | | Past Chairman | | Payment in | Meeting |
| 17 | | Little Tikes Foundation | | President | | " | " |
| 18 | | Members of Italian Heritage | | Director | | " | " |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | 14 | Financial Interest | | | | | |
| 26 | | Charles + Dorothy Decent 2nd Trust | | | | | |
| 27 | | Adam Fernandez, Trustee | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |
| 35 | | | | | | | |
| 36 | | | | | | | |
| 37 | | | | | | | |
| 38 | | | | | | | |
| 39 | | | | | | | |
| 40 | | | | | | | |


1
2
3
4
5
6
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
32
33
34
35
36
37
38
39
40

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev.01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: TROUT | FIRST NAME: ANNA | MI: E | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 DeKalb St | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 278-3642

NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable box or boxes, more than one box may be marked, (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Crisis & Diversion Director ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Dept. of Health & Human Servic

B Office of Mental Health/DD/EI

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Crisis & Diversion Director

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County | Address: 1430 DeKalb St, Norristown
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: MontCo Managed Care Solutions Board | Address: 1430 DeKalb St, Norristown
Position Held (i.e., officer, director, employee, etc.): Vice Pres. of Board

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed [redacted] and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 5-2-2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED MAY 2 AM 8:

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

## 01 Name

| | |
|---|---|
| **First Name** * (?) | Jaime |
| **Last Name** * (?) | Trupp |
| **Middle Initial** | B |
| **Suffix** | |

RECEIVED
2022 APR 20 AM 7:28
OFFICE OF VOTER SERVICES MONTGOMERY CO PA

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

**Telephone** * (?) 16102783903
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** * (?) Department Head

**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** * (?) Department Head

## 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** * (?) Riverfront Federal Credit Union

**Address** (?) 2001 Museum Rd

**City** * Wyomissing

**State** * PA

**Zip Code** 19610

**Interest Rate** * 7
Exclude the "%" symbol

**Name** * (?) Riverfront Federal Credit

**Address** (?) 2001 Museum Rd

**City** * Wyomissing

**State** * PA

**Zip Code** 19610

**Interest Rate** * 1.99
Exclude the "%" symbol

**Name** * (?) My Fed Loan - Dept of Education

**Address** (?) PO Box 69184

**City** * Harrisburg

**State** * PA

**Zip Code** 17106-9184

**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** * (?) Montgomery County

**Address** * (?)

Street Address
PO Box 311
Address Line 2
City
Norristown
State / Province / Region
Pennsylvania
Postal / Zip Code
19404
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

2022 APR 29 PM 2:39

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Mark

**Last Name** * (?) Vasoli

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

State / Province / Region
PA - 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** * (?) **Not Listed**

**Other County/Local Entity** * (?) Montgomery County Open Space Board

**Position** * (?) Board Member

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Administrator

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Vasoli Electric Co. Inc.

**Address** * (?) Street Address [redacted]

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?** * (?)

Yes

## Business Entity

**Name** * (?) Vasoli Electric Co. Inc.

2022 APR 29 PM 2:39

**Address** * (?) Street Address

[redacted]

State / Province / Region

PA

Country

**Position Held** * (?) Administrator

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

Yes

## Business Entity

**Name** * (?) Vasoli Electric Co. Inc.

**Address** * (?) Street Address

[redacted]

State / Province / Region

PA

Country

**Interest Held** * (?) 4

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:**

[redacted]

**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]

2022-04-20

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 APR 29 PM 2:39

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: VELEZ | FIRST NAME: MILTON | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: ONE MONTGOMERY PLAZA, SUITE 800 | City: NORRISTOWN | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-6295

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | B ☐ Nominee | C ☐ Public Official (Current) | C ☐ Public Official (Former) | D ☒ Public Employee (Current) | D ☐ Public Employee (Former) | E ☐ Check this box if you are filing as a solicitor | ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A ASSISTANT SOLICITOR ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

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 instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: SEE ATTACHED STATEMENT | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: SEE ATTACHED STATEMENT | Address:

(OFFICIAL USE ONLY)
RECEIVED
2022 APR 11 PM 2:58

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: SEE ATTACHED STATEMENT | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☐
Name and Address of Business
SEE ATTACHED STATEMENT | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature _____ Enter Current Date 3/2/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission.** For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE<br>[redacted] | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | No additional copy required | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of <u>each</u> political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

# STATE ETHICS COMMISSION
# STATEMENT OF FINANCIAL INTEREST – 2021

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.

I am also on the Board of Directors for Legal Aid of Southeastern Pennsylvania ("LASP"), located at 625 Swede Street, Norristown, PA 19401.

Additionally, I am the duly elected Secretary of Finance for the *Iglesia Evangelica Bautista de Filadelfia*, located at 621 West Rising Sun Avenue, Philadelphia, PA 19140.

**14 FINANCIAL INTEREST –**

I operate a limited, part-time, solo law practice, known as VelezLaw, from my home at [redacted]

I am involved with three rental properties in Philadelphia County, operated from my home at [redacted] I am the joint owner of these properties.

**Milton Vélez, Esquire** Date

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**

3/2/2022

Date

RECEIVED
2022 APR 11 PM 2:58
VIOLATIONS

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: VITI | FIRST NAME: JOSEPH | MI | SUFFIX

02 ADDRESS office (business or governmental) or home: 540 Port Indian Road | City: Norristown | State: Pa. | Zip Code: 19403 | Area Code: (610) | Phone: 631-1883

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☑ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this block if you are filing as a solicitor
- ☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)

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: 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: 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 pg. 2) ONLY IF NONE, check this block. ☑
Name: Address:

(OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box. ☑
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☑
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☑
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☑
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☑
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: [redacted] Enter Current Date 03/18/2022

THIS BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

| WHO MUST FILE | ORIGINAL COPY | ADDITIONAL FILINGS* | WHEN TO FILE |
|---|---|---|---|
| **A. STATUS BLOCK A - CANDIDATES**<br>Statewide<br>State Senate<br>State House<br><br>Supreme Court<br>Superior Court<br>Common Pleas Court<br>Traffic Court<br>Municipal Court<br>Commonwealth Court | **State Ethics Commission** | Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029 | ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION |
| **Constables / Deputy Constables** | **State Ethics Commission** | Append to nomination petition when filed with County Board of Elections | |
| Countywide<br>City<br>Borough<br>Township<br>Municipality (home rule charter) | File with the Clerk/ Secretary in the Municipality in which you are a candidate | | |
| **Magisterial District Judges** | File with the County in which the Magisterial District is located | | |
| School Director | File in the School District where you are a candidate | | |
| Announced Write-in | For state office file with **State Ethics Commission**. For county or local office file with governing authority of political subdivision. | No additional copy required | Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame. |
| Unannounced Write-in Winners of Nominations | | | |
| Unannounced Write-in Winners of Elections | | | |
| **B. STATUS BLOCK B - NOMINEE**<br>State Level | **State Ethics Commission** | File with the Official or Body vested with the power of confirmation | 10 days before official or body approves or rejects the nomination. |
| County/Local Level | Governing authority of political subdivision | | |
| **C. STATUS BLOCK C - PUBLIC OFFICIAL**<br>Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices. | **State Ethics Commission** | File with **each** Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed) | FILE **NO LATER THAN MAY 1** OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION. |
| **State House Member**<br>**State Senate Member** | **State Ethics Commission** | File with the House Chief Clerk or Senate Secretary (whichever applies) | |
| **Local Public Officials serving in/as:**<br>Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts<br><br>Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC). | File only with the governing authority of the respective local political subdivision | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |
| **Constables / Deputy Constables** | **State Ethics Commission** | No additional copy required | |
| **D. STATUS BLOCK D - PUBLIC EMPLOYEE**<br>Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies) | File only with your Employer | | |
| County<br>City<br>Borough<br>Township<br>Municipal (home rule)<br>Municipal Authority<br>School District } EMPLOYEE | File only with your political subdivision | | |
| **E. STATUS BLOCK E - SOLICITOR** | File with the governing authority of each political subdivision for which you are Solicitor | Additional copy is not required to be filed (unless serving in multiple capacities, then file with each entity as required) | |

*** FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.**

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

**PLEASE PRINT NEATLY**

01 **LAST NAME** Waeltz | **FIRST NAME** Robert | **MI** J | **SUFFIX** Jr

02 **ADDRESS office (business or governmental) or home** P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3130

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 **STATUS** Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) B ☐ Nominee C ☒ Public Official (Current) C ☐ Public Official (Former) D ☐ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this box if you are filing as a solicitor

☐ **Check this box if you are amending an original filing**

04 **PUBLIC POSITION OR PUBLIC OFFICE** (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A Assistant District Attorney ☐ seeking ☐ hold ☐ held

B

05 **POLITICAL SUBDIVISION** in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A Montgomery County

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4)

Attorney/Assistant District Attorney

07 **YEAR SEE INSTRUCTIONS.**
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 **REAL ESTATE INTERESTS** (See instruction page) **If NONE, check this box.** ☒

09 **CREDITORS** (See instruction page) If NONE, check this box. ☐
Name: SEE ATTACHED ADDENDUM Address: Interest Rate

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instruction page) **If NONE, check this box.** ☐ (OFFICIAL USE ONLY)
Name: Montgomery County, PA Address: P.O. Box 311, Norristown, PA 19404

11 **GIFTS** (See instruction page) **If NONE, check this box.** ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instruction page) **If NONE, check this box.** ☒
Source (Name and Address) | Value

13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See instruction page) **If NONE, check this box.** ☒
Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 **FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT** (See instruction page) **If NONE, check this box.** ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 **BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER** (See instruction page) **If NONE, check this box.** ☒
Business (Name and Address) | Interest Held
Transferee (Name and Address) | Relationship
Date Transferred

The undersigned her[redacted]son's knowledge, information and belief, said affirmation being made subject to the penalties pres[redacted]icial and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signatur[redacted] Enter Current Date 4/13/22

THIS F[redacted]OMPLETED. MAKE A COPY FOR YOUR RECORDS.

2022 APR 29 PM 1:11

Addendum

Commonwealth of Pennsylvania
State Ethics Commission Statement of Financial Interests

Official: Robert Waeltz

Section: 09 – Creditors

1. NelNet – P.O. Box 82561, Lincoln, NE 68501
    a. Interest Rate 1: 4.88%
    b. Interest Rate 2: 6.00%
    c. Interest Rate 3: 6.60%
    d. Interest Rate 4: 6.08%
2. University Accounting Service, LLC – P.O. Box 5879, Carol Stream IL, 60197
    a. Interest Rate: 6.00%
3. American Education Services – P.O Box 2461, Harrisburg, PA 17105
    a. Interest Rate: 5.95%

[redacted]

4/13/22

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

State / Province / Region

PA

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** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) Recorder of Deeds

**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** * (?) Narberth Borough

**Position** * (?) Solicitor

**Status** * (?) Solicitor

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) Upper Merion Township

| | |
|---|---|
| **Position** * (?) | Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Delaware County |
| **County/Local Entity** * (?) | Upper Darby Township |
| **Position** * (?) | Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | Montgomery Township |
| **Position** * (?) | Solicitor |
| **Status** * (?) | Solicitor |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Bucks County |
| **County/Local Entity** * (?) | Warminster Township |
| **Position** * (?) | Solicitor to Authority - Stormwater |

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Attorney |

## 07 Year

| | |
|---|---|
| **Year** * (?) | 2021<br>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** * (?) | Edfinancial Services |
| **Address** (?) | PO Box 36008 |
| **City** * | Knoxville |
| **State** * | TN |
| **Zip Code** | 37930-6008 |
| **Interest Rate** * | 5.375<br>Exclude the "%" symbol |

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

No

**Income Disclaimer** * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

☐ I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-03-31**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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** * (?) Alvin

**Last Name** * (?) Wang

**Middle Initial**

**Suffix**

## 02 Address

RECEIVED
2022 MAY -4 AM 11:22

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) County of Montgomery

**Position** * (?) Regional EMS Medical Director / Chief Medical Officer

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) EMS / Emergency Physician

## 07 Year

**Year** * (?) 2022

The calendar year for which this form is being filed

## 08 Real Estate Interests

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?)

Aria Physician Services (Jefferson Health)

**Address** * (?)

Street Address
50 Eagleville Road
Address Line 2

City
Eagleville

State / Province / Region
PA

Postal / Zip Code
19124

Country

**Name** * (?)

Defense Finance & Acctg Service (Agent for US Dept. HHS)

**Address** * (?)

Street Address
1240 E 9th St Rm 1907 (ZPH)
Address Line 2

City
Cleveland

State / Province / Region
OH

Postal / Zip Code
44199

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** * (?) VMSC of Lower Merion and Narberth (dba Narberth Ambulance)

**Address** * (?)

Street Address
101 Sibley Ave
Address Line 2
City: Ardmore
State / Province / Region: PA
Postal / Zip Code: 19003
Country

**Position Held** * (?) Member, Board of Directors (Volunteer, non-compensated)

## 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** 2022-04-11

*THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [redacted]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polical 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.

2021 APR 29 PM 2:10

**Please check below if you have read and understand the above terms.** *

☐ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Claire

**Last Name** * (?) Warner

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Community Planner II

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed.

## [redacted]

**Do you have reportable real estate interests?** * (?) No

## 09 Creditors

**Do you have reportable creditors?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19404
Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

☐ I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

2021 APR 29 PM 2:10

**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**

**2022-03-19**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WEISS | FIRST NAME: HARRIET | MI: G | SUFFIX:

02 [redacted]

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A MONT CTY HIGHER ED & HEALTH AUTH

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

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: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instruction page) If NONE, check this box. ☒
Name: Address:

(OFFICIAL USE ONLY)

RECEIVED
2022 APR 15 AM 9:46
VOTER SERVICES

11 GIFTS (See instruction page) If NONE, check this box. ☐
Source of Gift Value of Gift
Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)
Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address) Interest Held
Transferee (Name and Address) Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescri[redacted]s) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/8/22

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S [illegible]. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

**THIS FORM MUST BE COMPLETED AND FILED BY:**

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 polictal 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

2022 APR 29 PM 2:37

## 01 Name

| | |
|---|---|
| **First Name** * (?) | John |
| **Last Name** * (?) | Wichner |
| **Middle Initial** | R |
| **Suffix** | |

## 02 Address

**Business, Governmental, Home, or Postal Address** * (?)

[redacted]

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 (Former) |
| **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?** *

Yes

Selecting "Yes" will allow for additions below.

| | |
|---|---|
| **Status** * (?) | Public Official (Current) |
| **State or County/Local** * (?) | County/Local |
| **County** * (?) | Montgomery County |
| **County/Local Entity** * (?) | Towamencin Township |
| **Position** * (?) | Member - Zoning Hearing Board |

## 06 Occupation or Profession

| | |
|---|---|
| **Current Occupation or Profession** * (?) | Transportation Engineer |

## 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?** * (?)

No

## 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

2022 APR 29 PM 2:37

## 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**

**2022-04-23**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WIEMAN | FIRST NAME: NANCY | MI: L | 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 instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☐ Public Employee (Current)
- D ☒ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☒ held

A: MHADMINISTRATOR FOR COUNTY ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A: MONTGOMERY COUNTY

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4): Retired/Consultant Part-time

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2022

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒

Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐

Name: Pensions, Social Security, IRA, Consulting | Address:

(OFFICIAL USE ONLY) 2022 APR -1 AM 9:59 OFFICE OF PUBLIC SERVICES PA

11 GIFTS (See instruction page) If NONE, check this box. ☒

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒

Business Entity (Name and Address) | Name: | Address: | Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒

Business (Name and Address) | Transferee (Name and Address) | Interest Held | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/27/2022

THIS FO[redacted]OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WILENCHIK | FIRST NAME: CAITLIN | MI: B | SUFFIX:

02 ADDRESS office (business or governmental) or home: P.O Box 311 | City: Norristown | State: PA | Zip Code: 19404 | Area Code: (610) | Phone: 278-3090

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

A ☐ Candidate (including write-in) | C ☒ Public Official (Current) | D ☐ Public Employee (Current) | E ☐ Check this box if you are filing as a solicitor

B ☐ Nominee | C ☐ Public Official (Former) | D ☐ Public Employee (Former)

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A ASSISTANT DISTRICT ATTORNEY ☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A MONTGOMERY COUNTY

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4): ATTORNEY

07 YEAR SEE INSTRUCTIONS. Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. X

09 CREDITORS (See instruction page) If NONE, check this box. ☐

| Name: | Address: | Interest Rate |
|---|---|---|
| Bank of America | 100 N Main Tryon St. Charlotte, NC 28255 | 14.24% |
| Chase Bank | 383 Madison Ave. New York, NY 10179 | 23.24% |

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐ (OFFICIAL USE ONLY)

Name: Montgomery County, PA | Address: P.O. Box 311, Norristown, PA 19404

11 GIFTS (See instruction page) If NONE, check this box. X

Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. X

Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. X

Business Entity (Name and Address) | Position Held (i.e., officer, director, employee, etc.)

Name: | Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. X

Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. X

Business (Name and Address) | Interest Held

Transferee (Name and Address) | Relationship | Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 4/13/22

THIS FORM [redacted] ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/21)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: WILLIAMS | FIRST NAME: ROBERT | MI: L | SUFFIX: JR

[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 & HOMER EDUCATION ☐ seeking ☐ hold ☐ held

B A HEALTH AUTHORITY

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

RETIRED FUNERAL 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. ☐

P.L. WILLIAMS, SR. FUNERAL HOME, INC. KIPPACK, PA. 19474

WILLIAMS-BERGEY-HOFFER FUNERAL HOME, INC. TELFORD, PA. 18969

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. ☐

SAME AS REAL ESTATE INTERESTS

Name: Address: (OFFICIAL USE ONLY)

RECEIVED 2022 APR 15 A 9:13

11 GIFTS (See instructions on page 2) If NONE, check this box. ☐

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☐

Source (Name and Address) 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: WILLIAMS-BERGEY-HOFFER FUNERAL HOME, INC. Address: TELFORD, PA. 18969 50%

14 FINANCIAL INTEREST IN 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)

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).

Sign [redacted] Enter Current Date 5/5/21

THIS [redacted] ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Wilson | FIRST NAME: Jason | MI: R | SUFFIX:

02 ADDRESS office (business or governmental) or home: 50 Eagleville Road | City: Eagleville | State: PA | Zip Code: 19403 | Area Code: (610) | Phone: 631-6519

NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor
- ☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☐ hold ☐ held

A

☐ seeking ☐ hold ☐ held

B

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy Director of Public Safety - Emergency Management

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☐
Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County Dept of Public Safety
Address: 50 Eagelville Road Eagleville, PA 19403
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift
Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☒
Business Entity (Name and Address)
Name: Address: Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Jason R. Wilson Date: 2022.04.12 07:42:49 -04'00' Enter Current Date 04/12/2022

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 (Rev. 01/22)

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 LAST NAME: Zanders | FIRST NAME: Vera Catheri | MI: L | SUFFIX:

02 ADDRESS office (business or governmental) or home: 1430 Dekalb Street | City: Norristown | State: PA | Zip Code: 19401 | Area Code: (610) | Phone: 2785653

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable box or boxes, more than one box may be marked. (See instruction page)

- A ☐ Candidate (including write-in)
- B ☐ Nominee
- C ☐ Public Official (Current)
- C ☐ Public Official (Former)
- D ☒ Public Employee (Current)
- D ☐ Public Employee (Former)
- E ☐ Check this box if you are filing as a solicitor

☐ Check this box if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A: Deputy Admin of Adult MH — ☐ seeking ☐ hold ☐ held

B:

05 POLITICAL SUBDIVISION in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A:

B:

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
Deputy Admin of Adult Mental Health

07 YEAR SEE INSTRUCTIONS.
Information in blocks 8-15 represents disclosure for the calendar year listed here: 2021

08 REAL ESTATE INTERESTS (See instruction page) If NONE, check this box. ☒

09 CREDITORS (See instruction page) If NONE, check this box. ☒
Name: | Address: | Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction page) If NONE, check this box. ☐
Name: Montgomery County | Address: PO Box 311, Norristown PA 19401
(OFFICIAL USE ONLY)

11 GIFTS (See instruction page) If NONE, check this box. ☒
Source of Gift | Value of Gift | Address of Source of Gift | Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction page) If NONE, check this box. ☒
Source (Name and Address) | Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction page) If NONE, check this box. ☐
Business Entity (Name and Address)
Name: Valley View Community Church | Address: 778 Sunnyside Ave, Audobon PA
Position Held (i.e., officer, director, employee, etc.): Elder (church board

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction page) If NONE, check this box. ☒
Name and Address of Business | Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page) If NONE, check this box. ☒
Business (Name and Address)
Transferee (Name and Address)
Interest Held
Relationship
Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Digitally signed by Vera Zanders Date: 2022.04.18 16:13:09 -04'00' Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S . YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1101 et seq.

2022 APR 29 P 2:13

**Please check below if you have read and understand the above terms.** *

☑ Yes I have read and understand the above the terms.

**Are you amending a prior filing?** *

No

## 01 Name

**First Name** * (?) Stephen

**Last Name** * (?) Zbyszinski

**Middle Initial**

**Suffix**

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) Farmland Preservation Planner II

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Farmland Preservation Planner

## 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?** * (?)

No

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

Yes

## Source of Income

**Name** * (?) Montgomery County

**Address** * (?)

Street Address
425 Swede St
Address Line 2

City
Norristown

State / Province / Region
PA

Postal / Zip Code
19401

Country

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** *

By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

☑ I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

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**

**2022-04-27**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a polictical 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 policital 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

RECEIVED
2022 APR 20 AM 8:29
OFFICE OF VOTER SERVICES

## 01 Name

| | |
|---|---|
| **First Name** * (?) | David |
| **Last Name** * (?) | Zellers |
| **Middle Initial** | P |
| **Suffix** | Jr. |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

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** * (?) County of Montgomery

**Position** * (?) Director of Commerce

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Director of Commerce

## 07 Year

**Year** * (?) 2021

The calendar year for which this form is being filed

## 08 Real Estate Interests

**Are you amending your form as to real estate interests?** * No

## 09 Creditors

**Are you amending your form as to creditors?** *

No

## 10 Direct or Indirect Sources of Income

**Are you amending your form as to sources of income?** *

Yes

## Source of Income

**Name** * (?) County of Montgomery

**Address** * (?)

Street Address
425 Swede Street
Address Line 2
City
Norristown
State / Province / Region
PA
Postal / Zip Code
19401
Country

## 11 Gifts

**Are you amending your form as to gifts?** *

No

## 12 Transportation, Lodging, Hospitality

**Are you amending your form as to transportation, lodging, or hospitality?** *

No

## 13 Office, Directorship, or Employment in any Business

**Are you amending your form as to office, directorship, or employment in any business?** *

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Are you amending your form as to financial interests in any legal entity in business for profit?** *

No

## 15 Business Interests Transferred to Immediate Family Member

**Are you amending your form as to transferals of business interests?** *

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** * The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S § 1109(b).

I Confirm

| Signature * (?) | Date |
| --- | --- |
| [redacted] | 2022-04-15 |

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORM REQUIRES INTERNET EXPLORER 9 AND ABOVE, GOOGLE CHROME, OR MOZILLA FIREFOX.
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF CONFIRMATION OR SIGNATURE IS MISSING.

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S E-LIBRARY. YOU MAY ALSO SUPPLY YOUR E-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BE SENT VIA E-MAIL.

PRINTING THIS FORM FROM YOUR WEB BROWSER DOES NOT CONSTITUTE AN OFFICIAL COPY OF YOUR FILING.

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN ALL FILING LOCATIONS FOR ALL SUCH POSITIONS.

THIS FORM MUST BE COMPLETED AND FILED BY:

A: Candidates - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.

B: Nominees - Persons nominated for public office subject to confirmation.

C: Public Officials - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.

D: Public Employees - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

**A former public official or former public employee must file the year after termination of service with the governmental body.**

E: Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**Important:** Please read all instructions carefully prior to completion of form. To see detailed instructions, hover the cursor over the "(?)" icon in each section or, to view the entire set of instructions in a second browser window, click "here". Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act, 65 Pa C.S. § 1101 et seq.

**Please check below if you have read and understand the above terms.** *

Yes I have read and understand the above terms.

**Are you amending a prior filing?** *

No

RECEIVED
2022 APR 20 AM 8:29
OFFICE OF VOTER SERVICES MONTGOMERY CO. PA

## 01 Name

| | |
|---|---|
| **First Name** * (?) | David |
| **Last Name** * (?) | Zellers |
| **Middle Initial** | P |
| **Suffix** | Jr. |

## 02 Address

**Business, Governmental, Home or Postal Address** * (?)

[redacted]

State / Province / Region

PA

Country

**Telephone** * (?) [redacted]

Telephone Number ###-###-####

## 03 - 05 Public Position or Public Office and Governmental Entity in which you are/were an Official, Employee, Candidate, Nominee, or Solicitor

**Status** * (?) Public Employee (Current)

**State or County/Local** * (?) County/Local

**County** * (?) Montgomery County

**County/Local Entity** * (?) **Not Listed**

**Other County/Local Entity** * (?) County of Montgomery

**Position** * (?) Director of Commerce

**Do you have an additional Public Position or Public Office and Governmental Entity to add to this filing?** *

No

Selecting "Yes" will allow for additions below.

## 06 Occupation or Profession

**Current Occupation or Profession** * (?) Director of Commerce

## 07 Year

**Year** * (?) 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** * (?) US Department of Education

**Address** (?)

**City** * Washington

**State** * D.C

**Zip Code**

**Interest Rate** * varied
Exclude the "%" symbol

## 10 Direct or Indirect Sources of Income

**Do you have any reportable direct or indirect sources of income?** * (?)

No

**Income Disclaimer** * By selecting "No" above, you are indicating that you had no reportable direct or indirect source(s) of income during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if you had reportable direct or indirect source(s) of income that are not included on this form, you are subject to all applicable penalties.

I Accept

## 11 Gifts

**Have you received any reportable gifts?** * (?)

No

**Gifts Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable gift(s) during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable gift(s) were received and are not included on this form, you are subject to all applicable penalties.

I Accept

## 12 Transportation, Lodging, Hospitality

**Do you have any reportable transportation, lodging, or hospitality?** * (?)

No

**Transportation, Lodging, & Hospitality Disclaimer** * By selecting "No" above, you are indicating that you did not receive any reportable transportation, lodging or hospitality during the calendar year for which you are filing this Statement of Financial Interests. By checking the "I Accept" checkbox below, you are acknowledging your understanding that if reportable transportation, lodging or hospitality was received and is not included on this form, you are subject to all applicable penalties.

I Accept

## 13 Office, Directorship, or Employment in any Business

**Did you hold any office, directorship, or employment in any business for the calendar year for which you are reporting?** * (?)

No

## 14 Financial Interest in any Legal Entity in Business for Profit

**Do you have a reportable financial interest in any legal entity in business for profit?** * (?)

No

## 15 Business Interests Transferred to Immediate Family Member

**Did you transfer any business interests to an immediate family member during the calendar year which you are reporting?** * (?)

No

**Additional comments or explanations about any of the above sections:**

**Confirmation** *

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information, and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

I Confirm

**Signature** * (?)

[redacted]

**Date**

**2022-04-15**

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
SEC-1 REV. 01/19

# STATEMENT OF FINANCIAL INTERESTS

**PLEASE PRINT NEATLY**

PENNSYLVANIA STATE ETHICS COMMISSION
(717) 783-1610 • TOLL FREE 1-800-932-0936

01 **LAST NAME** Zikoski | **FIRST NAME** David | **MI** | **SUFFIX**

02 **ADDRESS office (business or governmental) or home** 540 Port Indian Road | **City** Norristown | **State** PA | **Zip Code** 19403 | **Area Code** (610) | **Phone** 631-1893

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 Operations 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 Montgomery

B

06 **OCCUPATION OR PROFESSION** (This may be the same as block 4) Operations Supervisor

07 **YEAR SEE INSTRUCTIONS.** Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2022

08 **REAL ESTATE INTERESTS** (See instructions on page 2) **If NONE, check this box.** ☑

09 **CREDITORS** (See instructions on page 2). Creditor (Name and Address) **If NONE, check this box.** ☑ **Interest Rate**

Name: Address:

10 **DIRECT OR INDIRECT SOURCES OF INCOME** including (but not limited to) all employment. (See instructions on pg. 2) **ONLY IF NONE, check this block.** ☑ (OFFICIAL USE ONLY)

Name: Address:

11 **GIFTS** (See instructions on page 2) **If NONE, check this box.** ☑

Source of Gift | **Value of Gift**

Address of Source of Gift | Circumstances (including description) of Gift

12 **TRANSPORTATION, LODGING, HOSPITALITY** (See instructions on page 2) **If NONE, check this box.** ☑

Source (Name and Address) | **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 prescr[redacted]thorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature [redacted] Enter Current Date 3/14/2022

THIS FO[redacted]OCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2022 MAR 24 AM 9:53
OFFICES