	NANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSIC RINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610• TOLL FREE 1-800-932-09
01 LAST NAME	FIRST NAME MI SUFFIX
ALBERT	JEFFREY B
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03 STATUS Check applicable block or blocks, more than one block may be marked A Candidate (including write-in) C Public Official (Curr B Nominee C Public Official (Form	ant) D X Public Employee (Current) Check this block if you are amending
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) ASS(stant Deputy Solicitor	07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated:
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to the penalties prescribed b thorities) and	d the Public Official and Employees Ethics Act, 65 Fa.C.S. [\$1109(b).
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	
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Business (Name and Address)	Interest Held Relationship
Transferee (Name and Address) The undersigned here	Dete Transferred st of said person's knowledge, information and belief; said affirmation being made subject
to the penalties presc	the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
	Current Date April 30, 2008
tF	ANY BLOCK ABOVE IS NOT COMPLETED.
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	ANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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Transferee (Name and J					Date	tionship Transferred		
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Commonwealth of Pennsylvania State Ethics Commission 309 Finance Building P.O. Box 11470 Harrisburg, PA 17108-1470

Statement of Financial Interests

2000 FEB 20 P 12:

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Addendum



10. DIRECT AND INDIRECT SOURCES OF INCOME (Including, but not limited to employment.)

Name	Address
The Tucker Advisory Group, Inc.	10 Rock Spring Road, Chester Springs, PA 19425
Michael J. Becker (husband)	1798 Meadow Glen Dr., Lansdale, PA 19446
Dividend & interest income from stocks, bonds an	nd other holdings held in account with:
Stifel Nicolaus	1146 S. Cedar Crest Blvd., Allentown, PA 18103
Morgan Stanley	1585 Broadway, New York, NY
Rental Income from the following properties:	
611 Piedmont Court	Lansdale, PA
2310 Lexington Court	Lansdale, PA
211 Brunswick Court	Lansdale, PA
138 Ardwick Court	Lansdale, PA .
152 Oberlin Terrace	Lansdale, PA
7704 Ocean Drive	Avalon, NJ
15D 99 th Street	Stone Harbor, NJ

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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/06 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	LAST NAME FIRST NAME MI SUFFIX
	BIRKECBACH GERALD JJR
02	STREET ADDRESS (work of residence) 1430 De Kalb Street Nossistenn PA 19401 (Contraction of the second seco
	COUNTY OF RESIDENCE Montgomery
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 Yeublic Employee (Current) Check here if this is an amended form B Nominee C Public Official (Former) D Public Employee (Former) An amended form
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^ [EXECUTIVE DIRECTOR
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05	POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)
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	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information below represents financial interests for the PRIOR year. Executive Director Director
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment, See instructions on pg. 2) If NONE, check the pox
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
10	Business (Name and Address)
	Transferee (Name and Address) Date Transferred
	ersons knowledge, information and belief; said affirmation being made subject
to	the penalties prescrib billic Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
	Sig Date
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COMMONWEALTH OF PENNSYLVANIA		ANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 763-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME		FIRST NAME	MI SUFFIX
BOOKheim	er	Julie	
02 STREET ADDRESS (work or residence)	BOX311 Normis		Zip Code Area Code Phone 9101
NOTE: IF YOU ARE INCLUDING ATTACHMENT	3, DO <u>NOT</u> INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NU	MBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks	, more than one block may be marked.	(See instructions on page 2)	
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09 CREDITORS (See instructions on page 2). Creditor	f NONE, check this box.		
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Address of Source of Gift	<u></u>	Circumstances (including de	escription) of Gift
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Business Entity		Position Held	
14 FINANCIAL INTEREST IN ANY LEGAL ENT	TY IN BUSINESS FOR PROFIT (See	instructions on page 2) If NONE, check	this box.
Name and Address of Business			Interest Held
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Sign		Current Date _	6.2.08
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COMMONWEALTH OF PENNSYLVANIÁ SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY
01 LAST NAME MI SUFFIX
BRAUNER THOMAS M
02 STREET ADDRESS (work or residence) D. BOX 3/1 NORPOSTOWN State Zip Code Area and Phone ASSESSMENT OFFICE P.O. BOX 3/1 NORPOSTOWN PA 19404-031
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 A Public Employee (Current) vou are amending
B Nominee C Public Official (Former) D Public Employee (Former) an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking K hold held
ACHIEFTAX ASSESSOR
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.)
^ MONTGOMERY COUNTY
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY (Total, Total,
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Courthouse Norristown #A. 1940-0311
11 GIFTS (See instructions on page 2) If NONE, check this box.
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Address of Source of Gift
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COMMONWEALTH OF PENNSY SEC-1 REV. 01/08		TEMENT OF FI	NANCIAL IN RINT NEATLY	ITERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0934
01 LAST NAME			FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MI SUFFIX
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B Nomines	C	Public Official (Form	er) D	Public Employee (Former)	an original filing
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			se	eking hold	held
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05 GOVERNMENTAL ENTITY in	which you are/were an Offic	ial, Employee, Candidate or No		ncy, authority, borough, board,	commission, county, school district, twp, etc.)
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BCOUNT	10F	MONTG	OME	RY	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME MI SUFFIX BROWN DAVID P
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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09 CREDITORS (See instructions on page 2). If NONE, check this box.
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Transferee (Name and Address) Date Transferred
The undersigned here said person's knowledge, information and belief; said affirmation being made subject to the penalties preso
Current Date 3-7-08
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		ISYLVANIA STATE ETHICS COMMISSION 17) 783-1610 • TOLL FREE 1-800-932-0936
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CAROLYN T. CARLUCCIO

Financial Interests (2007)

10. Direct Income:

Montgomery County, Tornetta Realty Corp. and private legal practice, 910 Germantown Pike, Plymouth Meeting, Pa. 19462.

Dividend and Interest Income:

American Electric Power; Boening and Scattergood; Citigroup; PNC Bank; Merrill Lynch; Bank of America; Continental Bank; Sears Holding Co.

Interest in Partnerships:

Providence Properties, Valley Forge Properties and Montgomery Morgan, 910 Germantown Pike, Plymouth Meeting, Pa; Ben Franklin, L.P., Blue Bell, Pa; Galloway Apartments, Lansdale, Pa; Blue Investments and Valley Forge Daycare, Plymouth Meeting, Pa; EIC Solutions Inc., Warminister, Pa.

 Treasurer/Director, Little Tower Foundation Director, Montgomery County Community College Foundation Treasurer/Director, Montgomery County Bar Association Director, Triangle Club of Montgomery County Director, Mission Kids Director, Americans of Italian Heritage Council President, Hello Columbus Committee

2008 MAY - I A II: 4 RECEIVED

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
OI LAST NAME MI SUFFIX
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) D Status B Nominee C Public Official (Former) D Public Employee (Former) Status Check this block if you are amending an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held A D F C O F held held
B
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
B A MOMA GOMERIA COCHEYLVNDUDORVACDEURU
06 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 06 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.</u> (See instructions on pg. 2) ONLY IF NONE (APFICIAL USE ONLY) Name St. R. J'S Church Direct this Direct The St. R. J'S Church ONLY (APFICIAL USE ONLY) Address Direct this Direct The St. R. J'S Church ONLY (APFICIAL USE ONLY) St. R. J'S Church ONLY (See instructions on pg. 2) ONLY IF NONE (See instructions on pg. 2) ONLY (See instructions on pg.
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Image: Source of Gift Address of Source of Gift Image: Source of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship
Transferee (Name and Add The undersigned hereby affirm to the penalties prescribed by Date Transferred Irson's knowledge, information and belief; said affirmation being made subject Official and Employees Ethics Act, 65 Pa. 9.S. §1109(b).
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01 LAST NAME	FIRST NAME MI SUFFIX
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06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below represents financial interests for
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Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby a to the penalties prescribed	knowledge, information and belief; said affirmation being made subject and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Sig	Current Date 14, 2008
	ANT DECEM ABOVE IS NOT COMPLETED.

ŗ	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093
01	LAST NAME FIRST NAME MI SUFFIX
	COGGINS MAURFEN CMS
02	STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
	TE: 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) Check this block if A Candidate (including write-in) C Public Official (Current) D X Public Employee (Current) D Check this block if B Nominee C Public Official (Former) D Public Employee (Former) The original filling
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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	undersigned hereby affirm e penalties prescribed by ial and Employees Ethics Act, 65 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	
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ARTS + TECHNOLOGY INKLOW GROVE PA 19095 7 9	
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Transferee (Name and Address) Relationship Date Transferred	. <u></u>
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1/29/08	
Current Date Current Date	

		NNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	01 LAST NAME FIRST NAME	MI SUFFIX
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-NO	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS
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	B Nominee C Public Official (Former) D Public Employee (Former)	an original filing
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08
01 LAST NAME FIRST NAME MI SUFFIX
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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) Check this block if you are amending an original filing 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 kold held
A BOARD OF ASSESSMENT APPEADS
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OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
the <u>PRIOR</u> calendar year indicated:
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE CONTROL OF FICIAL USE ONLY)
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Helk, Relationship
Transferee (Name and Address) Date Transferred The undersigned hereby a Dest of said person's knowledge, information and belief; said affirmation being made subject
to the penalties prescribed and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Sign Current Date Current Date
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS (717) 783-1610 • TOLL FREE 1-800-932
01	LAST NAME FIRST NAME MI_SUFFIX
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NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
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09	CREDITORS (See instructions on page 2). If NONE, check this box.
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA ST (717) 783-1610	ATE ETHICS COMMISSION TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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to the penalties prescribed	Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Signa	Current Date 2008
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		ISYLVANIA STATE ETHICS COMMISSION 17) 783-1610 • TOLL FREE 1-800-932-0936
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ADDENDUM TO STATEMENT OF FINANCIAL INTERESTS

Re: Thomas Jay Ellis

- 4. <u>PUBLIC POSITION OR PUBLIC OFFICE.</u>
 - C. STATE TREASURER Seeking

5. <u>GOVERNMENTAL ENTITY</u>.

C. COMMONWEALTH OF PENNSYLVANIA

<u>DIRECT OR INDIRECT SOURCES OF INCOME</u>. Independence Blue Cross - 1901 Market Street, Phila., PA 19103 Fidelity Cash Reserves, 82 Devonshire Street, Boston, MA 02109 Vanguard LifeStrategy Fund - P.O. Box 2600, Valley Forge, PA 19482



	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
01	LAST NAME FIRST NAME MI SUFFIX
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	TE: 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) Check this block if you are amending an original filing B Nominee C Public Official (Former) D Public Employee (Former) an original filing
04 [PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
00	the <u>PRIOR</u> calendar year indicated:
	Managen Human Resources the PRIOR calendar year indicated: 2007
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). If NONE, check this box.
	Creditor
10	DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY)
	Name Address check this block
	BAE Systems 305 Richardson Rd 19446 N
	Cosmain L'OREAL 574 Avenue NY, NY
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	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
г	Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	BAE Systems Manayer Human Resources
4	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Name and Address of Business Interest Held
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5	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Unterest Held Interest Held In
	Transferee (Name and Address) Date Transferred
	orrect to the best of said person's knowledge, information and belief, said affirmation being made subject
o th	e penalties prescribed authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	NENT OF FII	NANCIAL I	NTERE	STS	PEI (NNSYLVANIA ST (717) 783-1610 •	ATE ETH	ICS COMMISSIO EE 1-800-932-093
01 LAST NAME		FIRST NAME					·	
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02 STREET ADDRESS (work or residence)	City			State	Zip Code	Area Code	F	hone
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· COUNTY OF M.	ONTG	OME	RY					rica, twp, etc.)
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09 CREDITORS (See instructions on page 2). If NONE, check the Creditor AMERICAN HERITAGE	NS box. FEDERAL	. CRED	NT UN	J. O. N 		Interest Ra	te 9.	95/3.90
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to the penalties presci	ties) and	t of said person's l the Public Official	and Employe	es Ethics Ad rent Date	ct, 65 Pa.C.	aid affirmation t 8. §1109(b).	eing ma	nde subject 7
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/06 STATEMENT (NANCI.		EREST	S	PENNSYLVA (717) 783-	NIA STATE ETHICS 1610 • TOLL FREE 1	COMMISSIO -800-932-093
01	LAST NAME		FIRST	NAME	···· ··· ·				
	FOLMAR		LA		V	T	T T T		FFIX
02	STREET ADDRESS (work or residence)	City							
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03	STATUS Check applicable block or blocks, more than one block may b								
	A Candidate (including write-in) C Public Offic B Nominee C Public Offic	cial (Currei	nt)	р 🔀 рі	ublic Employe	• •		Check this block you are amendin an original filing	
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candi	idate or Nor	minee (e.g., o	lept, agency,	, authority, bor	ough, board,	commission, cor	inty, school district.	two.etc.)
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SEC-1 REV. 01/08	STATEMENT OF FIN		PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME		FIRST NAME	
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS	·····	······································	ER OR FINANCIAL ACCOUNT NUMBERS.
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05 GOVERNMENTAL ENTITY in which you are/wer	e an Official, Employee, Candidate or Nomi	inee (e.g., dept, agency, authority, borough, baard	commission, county, subcol district, two, etc.)
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06 OCCUPATION OR PROFESSION (This may	ho the same or black ()	07 YEAR The information in blocks 8 through	
TAX ASSESSOR	be the same as block 4)	the <u>PRIOR</u> calendar year indicated	2 0 0 7
08 REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this box		
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O <u>Direct or indirect sources of income</u> Montgomery County (C	Admen	check this blo	
1 GIFTS (See instructions on page 2) If NONI	Ξ, check this box.		
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-03
01	LAST NAME FIRST NAME MI SUFFIX
	GOLDSTEIN ERIC
02	STREET ADDRESS (work or residence) City State Zip Code Area Code Phone 1430 DeKalb Street Norristown PA 19404 Code Phone
03	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C B Nominee C Public Official (Former) D Public Employee (Former)
04 .[PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking
^ [A D M I N I S T R A T O R M H M R D A B H
r	
В	M O N T G O M E R Y C O U N T Y
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Administrator MH/MR/D&A/BH 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOTE: The check bia plock it. G (OF TAL USE ONLY) Name Address Check bia plock it. Mame Address Check bia plock it.
11	GIFTS (See instructions on page 2) If NONE, check this box.
ſ	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. X Value
	Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Transferee (Name and Address) Date Transferred undersigned hereby affirms that is penalties prescribed by 18 Pt In the best of said person's knowledge, information and belief; said affirmation being made subject lies) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b). Signature Q-QC-0Y
	Signature Current Date Current Date Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. (3)

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03 STATUS Check applicable block or blocks, more than one block may be marked A Candidate (including write-in) C Public Official (Curre B Nominee C Public Official (Form	rent) D Public Employee (Current) Check this block if you are amending an original filling	. <u> </u>
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	nd the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).	-
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COMMONWEALTH OF PENNSYLVANA WINS DIEMEN OF FINANCIAL INTERESTS SEC-1 REV. 01/08 PENNSYLVANIA STATE ETHICS COMMISSION PLEASE PRINT NEATLY
01 LAST NAME FIRST NAME MI SUFFIX
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) Check this block if you are amending an original filling B Nominee C Public Official (Former) D Public Employee (Former) Image: Construction of the public employee (Former)
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 🔀 hold 🗌 held
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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.)
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
See attached or back of this Sheet
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFIORAL USE-ONEY) Name Address Check this block
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11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift
Address of Source of Gift Circumstances (Including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity Position Heid See Back of this form or attached sheet
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
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Susness (Name and Address) Relationship Date Transferee (Name and Address)
The undersigned hereby affirms the the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 P (a) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Signature Current Date Current D
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME MI SUFFIX GRAF ROBERT WMR
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 Check this block if Check this block if A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block if B Nominee C Public Official (Former) D Public Employee (Former) Check this block if
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05 GOVERNMENTAL ENTITY in which you ana/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
ACOUNTY OF MONTGOMERY
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
COUNTY ADMINISTRATOR the PRIOR calendar year indicated: 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE THE CONTROL (OFFICIAL USE ONLY) Name Address Check this block of the control of the cont
11 GIFTS (See instructions on page 2) If NONE, check this box.
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Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held Posi
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
Transferee (Name and Company a
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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<u> </u>	MONTGOMERY COUNTY COURTHOUSE
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The undersigned hereby a			and belief; said affirmation being made subject
to the penalties prescribed		Public Official and Employees Ethics A	Act, 65 Pa.O.S. §1109(b).
Siç		Current Date	
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.04 c. Member Montgomery County Workforce Investment Board .05 c. Montgomery Co.

Doug Hager Financial Statement

10. TD Ameritrade 4075 Sorrento Valley San Diego, CA 91212
Piedmont Office Realty Trust, Inc. c/o Wells Capital, Inc. P.O. Box 2828
Norcross, GA 30091-2828
Inland Securities Corp 2901 Butterfield Rd. Oak Brook, IL 60523
Brinker Capital also for IRA 1055 Westlakes Drive Ste 250 Berwyn, PA 19312
AIM Investments Roth IRA P.O. Box 4257 Houston, TX 77210-4257
Principal Financial Group 401K Des Moines, IA 50592



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	DMMONWEALTH OF PENNSYLVANIA EC-1 REV. 1/00 STATEMENT OF FINANCIAL INTERESTS THE STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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05 A M	Political Subdivision/Agency (Twp., Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee. O N T G O H E R Y C O V R T S
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06	Occupation or Profession (This may be the same as block 4) 241EFPR0BATION OFFICER 07 Year The information below represents financial interests for the prior calendar year. 2007
08	Real Estate Interests (If NONE, check this box. See instructions on page 2).
09	Creditors (The NONE, check this box. See instructions on page 2). Creditor
10	DIRECT OR INDIRECT SOURCES OF INCOME (If NONE, check this box. See instructions on page 2). Name MONGOMERY COUNTY Address POBOX 3/1 POBOX 3/1 Address Addres Address
11	GIFTS (X) If NONE, check this box. See instructions on page 2). Source of Gift Address
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10. DIRECT OR INDIRECT SOURCES OF INCOME

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

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

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

Tamarack Funds P.O. Box 219757 Kansas City, MO 64121-9757

2008 HAR 13 A 11:07 RECEIVED

March 9, 2008

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PLEASE PRINT NEATLY
01 LAST NAME	
HANES	DBRUCE MI SUFFIX
	TS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBE
	ks, more than one block may be marked. (See instructions on page 2)
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04 PUBLIC POSITION OR PUBLIC OFFICE (a	
AREGISTER	OF WILLS 20
В	
05 GOVERNMENTAL ENTITY in which you are/we	ere an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, adam, county school district, twp, etc
· COUNTY-M	ONTGOMERY
В	
06 OCCUPATION OR PROFESSION (This may	y be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
AFTORNEY	the <u>PRIOR</u> calendar year indicated: 2 DD 7
08 REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). Creditor	Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOM	Address Add
11 GIFTS (See instructions on page 2) If NON Source of Gift	
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12 TRANSPORTATION, LODGING, HOSPITALI Source (Name and Address)	ITY (See instructions on page 2) If NONE, check this box. Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMEN	IT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity D. BRUCE KTANE	Position Held PhinnER/PRESIDENT
14 FINANCIAL INTEREST IN ANY LEGAL ENTI- Native and Address of Business D. BRUC	TTX-IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
1429 WAINUT ST STE	900 PHILA PA 19102 100 /0
15 BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)	D IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Transferee (Name and Ar	Relationship Date Transferred
The undersigned hereby af to the penalties prescribed	
to the penalties prescribed	correct to the best of said person's knowledge, information and belief; said affirmation being made subject o authorities) and the Public Official and Employees Ethics Act. 65 Pa.C.S. §1109(h)
	b authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. $\$1109(b)$.
Sign	Correct to the best of said person's knowledge, information and belief; said affirmation being made subject o authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b). Current Date 7-11-08 DRM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
01 LAST NAME FIRST NAME MI SUFFIX
HECKMAN STEPHEN G
02 STREET ADDRESS (work or residence) OFFICE OF PUBLIC DEFENDER-POBOX311-NORRISTDUN, PA 19404 (COMPANIE)
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) C Public Official (Former) D Public Employee (Former) C Public Official (Former) D Public Employee (Former)
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
^ CHIEF PUBLIC DEFENDER
B B B B B B B B B B B B B B B B B B B
05 GOVERNMENTAL ENTITY in which you ara/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUNTY, PENNSYLVANIA
B
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
CHIEF PUBLIC DEFENDER
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor PSECU - P.O. Box 67012, HARRISBURG, PA 17106 4.9%
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Name COMMONWEALTH OF PENNSYLVANIA MAddress MARELSBURG PA CONTECTIONER COUNTY PATRICIA A ZAFFARANOSS MARELSBURG PA COURTHOUSE, PO BOX 311, Nordistrout PA PATRICIA A ZAFFARANOSS MARELSBURG PA MONTECTIONER A COUNTY MADDINE PARAMETER PARAM
11 GIFTS (See instructions on page 2) If NONE, check this box.
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
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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 LAN PRACTICE BOREK+HECKMAN-INDIVIDUALE Interest Held 100%
Image: 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 after the undersigned hereby afte
to the penalties prescribed I ial and Employees Ethics Act, 65 Pa.C.S. \$1109(b).
Signa Current Date 5/5/2008
(3)

PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932-093
01 LAST NAME MI SUFFIX
HENDRICKSON ALICE V
02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone P.O. BOX 311 NOPRISTOWN PA 19404 PA 19404 PA
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) Check this block if you are amending an original filing 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 know hold held
A CHIEF DEPUTY CLERK OF COURTS
BVACANCY BOARD
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUNTY
BUPPER DUBLIN TOWNSHIP
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
CLERK OF COURTS - CHIEF DEPUTY the PRIOR calendar year indicated: 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01				
	HENNIGAN		KATHLEE	
02 S	STREET ADDRESS (work or residence) OA WEDE + AIRY STS	NE MONTGOMERCH PO NORRIST	Oldio	Zip Code Area Code Phone
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03		more than one block may be marked		ACCOUNT NUMBERS.
	A Candidate (including write-in) B Nominee	processing and the second s	nt) D 🔀 Public Employee (Cur	
04	PUBLIC POSITION OR PUBLIC OFFICE (add	ministrator, member, Commissioner, j	bb title, etc.) seeking h	old held
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			seeking h	bid held
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05		an Official Employee Condidate or No		
A [eg Couv		card, commission, county, school district, twp, etc.)
Ľ	MONTGOMEI		TY BOA	
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06	OCCUPATION OR PROFESSION (This may b	e the same as block 4)	07 YEAR The information in blocks	ugh 15 below represents mancial interests for
	SENIOR ANALY	IST	the <u>PRIOR</u> calendar year Role	0 20 517
08	REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this be	<u>بت</u> بين	
09	CREDITORS (See instructions on page 2). If Creditor	NONE, check this box. 🔀	P A	
10	DIRECT OR INDIRECT SOURCES OF INCOME Name			
	MONTGOMERY COU		Box 311	
4.4			RISTOWN PA 19404	
11	GIFTS (See instructions on page 2) If NONE Source of Gift	, check this box. 🔀		Value of Gift
4	Address of Source of Gift		Circumstances (including de	scription) of Gift
12	TRANSPORTATION, LODGING, HOSPITALIT	Y (See instructions on page 2) If N	ONE, check this box.	Value
Γ	Source (Name and Address)			
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT	IN ANY BUSINESS (See instruction	s on page 2) If NONE, check this box.	
	Business Entity		Position Held	A
14	FINANCIAL INTEREST IN ANY LEGAL ENTIT Name and Address of Business	Y IN BUSINESS FOR PROFIT (See	instructions on page 2) If NONE, check t	this box. 🔀
	BUSINESS INTERESTS TRANSFERRED TO 1 Business (Name and Address)	MMEDIATE FAMILY MEMBER (Se	instructions on page 2) If NONE, check	this box. X Interest Held Relationship
The u	Transferee (Name and Address) Indersigned hereby affirms that the foregoing info		t of sald person's knowledge, information a	Date Transferred nd belief; said affirmation being made subject
to the	penalties prescrit	d	the Public Official and Employees Ethics A	ct, 65 Pa.C.S. §1109(b).
			Current Date	3/17/08
			ANY BLOCK ABOVE IS NOT COMPLET	ED.
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEM	MENT OF FINANCIAL INTERESTS	NNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0930
01 LAST NAME	FIRST NAME	MI SUFFIX
HLADIK	BARBARA	
02 STREET ADDRESS DUE MONT		YOurea Gode Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCL	UDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OF	
	block may be marked. (See instructions on page 2)	FINANCIAL ACCOUNT NUMBERS.
A Candidate (including write-in) C B Nominee C	Public Official (Current) Public Employee (Current) Public Official (Former) D	Check this block if you are amending an original filing
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Empl	oyee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, comm	ission, county, school district, twp, etc.)
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"MONTGOMERY	COUNTY	
06 OCCUPATION OR PROFESSION (This may be the same as b HHarney	block 4) 07 YEAR The information in blocks 8 through 15 bel the <u>PRIOR</u> calendar year indicated:	
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09 CREDITORS (See instructions on page 2). If NONE, check the Creditor American Express 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not		Interest Rate H. 99 %
Harrington + Assaciates, PC.	imited to) all employment. (See Instructions on pg. 2) ONLY IF NONE, check this block. Bell At kentic Tower 1717 Hych St. St. 3210 Phile,	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box		
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instruction	ons on page 2) If NONE, check this box.	
Source (Name and Address)		
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINE	SS (See Instructions on page 2) If NONE, check this box.	
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS Name and Address of Business	FOR PROFIT (See instructions on page 2) If NONE, check his box.	Interest Held
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAN Business (Name and Address)	ILY MEMBER (See instructions on page 2) if NONE, check this box.	eld
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SEC-1 REV. 01/08	ATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME	FIRST NAME	MI SUFFIX
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	OT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NU	MBER OR FINANCIAL ACCOUNT NUMBERS.
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	C V Public Official (Current) D Public Employee (Curr C V Public Official (Former) D Public Employee (Form	ent) you are amending
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B COUNTY COM	MISSIONER	
05 GOVERNMENTAL ENTITY in which you are/were an Office	cial, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, b	and, commission, county, school district, two, etc.)
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BMJATGOMERY	COUNTY	
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ATTORNEY *	and <u>I Inserta</u> Cardakara yoga biyaka	2007
08 REAL ESTATE INTERESTS (See instructions on page	e 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2) If NONE		>< >
09 CREDITORS (See instructions on page 2). If NONE, Creditor	, check this box.	
	g (but not timited to) all employment. (See instructions on pg. 2) ONLY IF NO Address check this	ME OFFICIAL USE ONLY)
Commonwealth OF PE	Address check this	
SCHWL DISTRICTOF PI	TILA PHILADELPHIA	
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11 GIFTS (See instructions on page 2) If NONE, check Source of Gift	this box.	Value of Gift
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business Entry	POSITION PROTO	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN B	USINESS FOR PROFIT (See instructions on page 2) If NONE, check (his box.
Name and Address of Business		interest Held
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDI Business (Name and Address)	ATE FAMILY MEMBER (See instructions on page 2) If NONE, check	Interest Held
Transferee (Name and Address)	······································	Retationship Date Transferred
The undersigned hereby affir		
to the penalties prescribed bi	said person's knowledge, information a Public Official and Employees Ethics A	nd belief; said affirmation being made subject at, 65 Pa.C.S. §1109(b).
to the penalties prescribed b	Public Official and Employees Ethics A	no belief; said affirmation being made subject st, 65 Pa.C.S. §1109(b). 5 / 9 / 0 8
	said person's knowledge, information a Public Official and Employees Ethics A Current Date Current Date	$\frac{5}{9} \frac{65}{9} \frac{109}{5}$

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME FIRST NAME MI SUFFIX
HOLT D. GREGORY
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 Check this block if A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) D B Nominee Public Official (Former) D Public Employee (Former) an originat filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
^ <u>JUKY COMMISSIONER</u> hold held
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65 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.)
· COUNTY OF MONTGOMERY
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
JURY COMMISSIONER
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Name CHEO SPECIACTY LIFEMICACS 390 MATTHENS ROAD AMBLER M COUNTY OF MONTGOMERY NORRISTOWN, PA
11 GIFTS (See instructions on page 2) If NONE, check this box.
Address of Source of Gift Circumstances (including description) of Gift
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Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held
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
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Transferee (Name and Ad Date Transferred The undersigned hereby aff The und
to the penalties prescribed Public Official and Employees Ethics Act, 65 Pa.C.S. \$1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINA PLEASE PRIN	(///) /00-1010+10LL FREE 1-800-932-0938
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). If NONE, check this box.	NITO Manterest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment	L (See instructions on pg. 2) ONLY IF TOTHE (OFFICIAL USE ONLY)
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See ins Business (Name and Address)	structions on page 2) If NONE, check this box.
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		PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09
PLEASE F	PRINT NEATLY	
01 LAST NAME	FIRST NAME	MI SUFFIX
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936									
01	LAST NAME FIRST NAME MI SUFFIX									
	HUGHES KENNETH B									
<u>P</u> 2	02 STREET ADDRESS (work or residence) PLANNING COMMISSION, COURT HOUSE, P.O. Box 311, NORRISTOWN, PA 19404									
NO	DTE: 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)									
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^	PLANNING COMMISSION DIRECTOR									
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)									
^ [MONTGOMERY COUNTY									
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	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for									
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09	CREDITORS (See instructions on page 2). If NONE, check this box.									
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)									
	COUNTY OF MONTGOMERY BOX 311, COURT HOUSE, NORESTOWN, PA									
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)									
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.									
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Heid Relationship									
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to the	e penalties prescribed by the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).									
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMEN		NANCIAL RINT NEATLY	INTERES	STS	PENNS (717	SYLVANIA STATE E' 7) 783-16†0∙TOLL F	THICS COMMISSION REE 1-800-932-093
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The un	Transferee (Name and Address) Indersigned hereby affirms the penalties prescribed by 18 F		d	t of said person's the Public Officia	knowledge, inf I and Employee	ormation and	Date Transfe belief; said 55 Pa.C.S.	affirmation being	made subject
	Signature				Curre	ent Date	2/2	6/08	-
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS: (717) 783-1610 • TOLL FREE 1-800-932-
01 LAST NAME MI SUFFIX
177417
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block If you are amending an original filling B Nominee C Public Official (Former) D Public Employee (Former) Check this block If you are amending an original filling
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
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BLIMADISKMUNISIAALAUTAORITY
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE.) Name Address
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11 GIFTS (See instructions on page 2) If NONE, check this box.
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)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity MONTOONS CONTRACT CONTRACTOR Position yeld -
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
Transferee (Name and Address) Relationship Date Transferred
The undersigned hereby affirms that son's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa
Signature Current Date Current Date
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY						
01 LAST NAME MI SUFFIX	—					
JAFFE RUBENT M]					
02 STREET ADDRESS (work or residence) City State Zip Code Area Code ONE MONIGOMEM PAYA NORMISTOWN PA. 19404						
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09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor						
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 check this block. (DEFICIAL USE ONLY)	-					
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11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift	-					
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FIN. PLEASE PRI	(717) 783-1810 TOLL FREE 1-800-932-0936
01 LAST NAME JOHUSON	FIRST NAME MI SUFFIX
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. (
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The undersigned hereby best to the penalties prescribe and t	of said person's knowledge, information and belief, said affirmation being made subject ne Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0934
01 LAST NAME KLNKE SUFFIX JOANNE O
12 STREET ADDRESS (Work of residence) Kalb St. Norristown PA 19404-0311
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block if you are amending an original filing 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 know held
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUNTY
B
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Department Head 07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated: 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OPPICIAL USE ONLY) Name Check this block
Montgomery County POBox311, Norriston, PA 19404- 0311
11 GIFTS (See instructions on page 2) If NONE, check this box.
Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
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to the penalties pre
Current Date 28-08
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08 STATEMENT OF FI PLEASE F	NANCIAL INT	ERESTS		VANIA STATE ETHI 783-1610 ● TOLL FRE	
01	LAST NAME	FIRST NAME	·····			SUFFIX
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	le penalties prescrit		loyees Ethics	Act, 65 Pa.C.S.	§1109(b).	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936								
01 LAST NAME		FIRST NAME	MI SUFFIX					
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02 STREET ADDRESS (work or residence) Swede + Airy Stree	ts Suite 301 Non	istown PA	Zip Code Area Code Phone Phone					
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held								
14 FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business	TITY IN BUSINESS FOR PROFIT (See	instructions on page 2) If NONE, che	ck this box.					
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
01 LAST NAME MI SUFFIX
LANKFORD JAMES M
NOTE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) you are amending an original filing B Nominee C Public Official (Former) D Public Employee (Former) an original filing
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
AUTOMOBILE DEALER 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) Name Address
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HEROTAGE Coach Co. 301 Alan 4002 Rd Cousto hocken the Co
11 GIFTS (See instructions on page 2) If NONE, check this box.
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME FIRST NAME MI SUFFIX
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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) you are amending an original filing B Nominee C Public Official (Former) D Public Employee (Former) an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (edministrator, member, Commissioner, job title, etc.) seeking V hold held
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65 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.)
MONTGOMERY COUNTY
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
SOVEREIGN BANK (LINE OF CREDIT) READING, PA. 19612 4.77
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
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The undersigned hereby affirms to the penalties prescribed by 1 to the penalties prescribed by 1
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Signature Current Date <u>0 7 0 0</u> CIENT IF <u>ANY</u> BLOCK ABOVE IS NOT COMPLETED.
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0E0-11E4.0100	FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING	THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate	or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
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06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below represents financial interests the PRIOR calendar year indicated:
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	Lane, Suite 18, Maple Glan PA 100 3
Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby affine to the penalties prescribed b	information and belief; said affirmation being made subj yees Ethics Act, 65 Pa.C.S. §1109(b).
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	ANT DECK ADOVERS NOT COMPLETED.

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-832-	
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	LOCKARD RODNEY JR	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-093
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) B Mominee C Public Official (Former) D Public Employee (Former)
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking X hold held
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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BARD
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below research interests for the PRIOR calendar year indicated interests for
BOARD MEMBER
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. \Box
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Check this block.
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11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08 SEC-1 REV. 01/08 SEC-1 REV. 01/08	PENNSYLVANIA STATE ETHICS COMMIS: (717) 783-1610 • TOLL FREE 1-800-932-
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SEC-1 REV. 01/08 SEC-1 REV. 01/08 SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08 SEC-1 REV. 01/08	TERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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		SYLVANIA STATE ETHICS COMMISSION 7) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08		ANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938
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Line 4

Current Solicitor Appointments

- 1. Upper Merion Township Zoning Hearing Board
- 2. Plymouth Township Zoning Hearing Board
- 3. Borough of West Conshohocken
- 4. Douglass Township, Berks County
- 5. Limerick Township

Line 5 Mental Health Review Officer for Montgomery County

Line 10 Centerpoint Partners, Inc. 1741 Valley Forge Road P.O. Box 991 Worcester, PA 19490

County of Montgomery P.O. Box 311 Norristown, PA 19404

Hamburg, Rubin, Mullin, Maxwell & Lupin 375 Morris Road P.O. Box 1479 Lansdale, PA 19446



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	NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME	FIRST NAME	MI SUFFIX
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NUMBE	R OR FINANCIAL ACCOUNT NUMBERS
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, o	commission, county, school district, twp, etc.)
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06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 1	5 below represents financial interests for
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b		
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11 GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	IONE, check this box.	Value
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The undersigned hereby a	on's knowledge, information and be	te Transferred lef; said affirmation being made subject
to the penalties prescribed	icial and Employees Ethics Act. 65	Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATE	MEN					NTER	REST	ſS	F	PENNSYI (717) 7	LVANIA 783-161	STATE ET 0 • TOLL FI	HICS COMM REE 1-800-9	WISSION 932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093
01 LAST NAME MI SUFFIX
NELSON STEVEN L
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) Check this block if you are amending an original filing 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 heid
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A MONTGOMERY COWIB
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 45 below represents financial interests for
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
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09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.</u> (See instructions on pg. 2) ONLY IF NONE, Check this block. Address Add
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Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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The undersigned hereit to the penalties prescription and bellef; said affirmation being made subject to the penalties prescription being made subject Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Current Date 2/19/08
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08 STATEMENT OF FINANCIAL II PLEASE PRINT_NEATLY	NTERESTS PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	01 LAST NAME FIRST NAME	MI SUFFIX
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NO	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR	SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions of	n page 2)
	A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) Public Employee (Former) Check this block if you are amending an original filing
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05.	05. GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, ag	ency, authority, borough, board, commission, county, school district, twp, etc.)
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06	06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The in	formation in blocks 8 through 15 below represents financial interests for
		tion calendar year indicated: 2007
08	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	SS B
09	09 CREDITORS (See instructions on page 2). If NONE, check this box.	$\omega = 0$
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10		ons on pg. 2) ONLY IF NONE (USE ONLY)
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11	11 GIFTS (See instructions on page 2) If NONE, check this box.	
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12	12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source (Name and Address)	box. Value
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13	13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If	NONE, check this box.
	Business Entity	Position Held
14	• • •	
	Name and Address of Business	Interest Held
15	15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on p	age 2) If NONE, check this box.
	Business (Name and Address)	Interest Held Relationship
The	Transferee (Name and Address) The undersigned hereby	Date Transferred knowledge, information and belief; said affirmation being made subject
		and Employees Ethics Act, 65 Pa.C.S. §1109(b).
	s	Current Date
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	EMENT OF FIN		ITERES	TS		SYLVANIA STATE ET 7) 783-1610 • TOLL F	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMIS PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932	
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 PLEASE PRI	(117) 763-1610 TOLL FREE 1-600-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-05
01 LAST NAME MI SUFFIX
Passarella Joseph R
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) Check this block if you are amending an original filing B Nominee C Public Official (Former) D Public Employee (Former) Image: Construction of the construction
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
*Director of Voter Services
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
Director of Voter Services
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Name Address Address
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11 GIFTS (See instructions on page 2) If NONE, check this box.
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
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The undersigned hereby a st of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed to the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISS (717) 783-1610 • TOLL FREE 1-800-932-0
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETH (717) 783-1610 • TOLL FR	
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02 STREET ADDRESS (work or residence) Montgomery Cty Courthouse, POBL 311, NOTTISTOWN PA- 19404 Area Code	1.0
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-09
01 LAST NAME MI SUFFIX
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03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
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WEST CHESTER UNIVERSITY ROSE DAVE AVE, WEST CHESTERPA
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address) Interest Held
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Signature Current Date Current Date
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
OI LAST NAME SANDLER W
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 C Public Official (Current) D Public Employee (Current) you are amending an original filling B Nominee C Public Official (Former) D Public Employee (Former) an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking A hold held
MEABER WIB
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.)
AWORKFORCE INVESTMENT BOARD MC
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents Tinancial interests for the <u>PRIOR</u> calendar year indicated to A Day 1
Chancellor, Pennstate Abington 32-12-10 07
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (GEFICIAL USE ONLY) Name Address
11 GIFTS (See instructions on page 2) If NONE, check this box.
Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Eastern Mont Co Chamber & Commence Position Heid Director (Position Heid Director (Position Heid Director)) Homoton Twshp Economic Heid Comm. Member (Position Heid Director)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business
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) Date Transferred
Transferee (Name and Address). Date Transferred The undersigned hereby affirm to the penalties prescribed by and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
Signatu Current Date 2-15-08
ENT IF ANY BLOCK ABOVE IS NOT COMPLETED.
(3)

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME		FIRST NAME MTCIHAEL	
NOTE: IF YOU ARE INCLUDING ATTACHMENT	S, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SUCIAL SECURITY NUMBE	R OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or block A Candidate (including write-	s, more than one block may be marked		Check this block if
B Nominee	C Public Official (Form	er) D D Public Employee (Former)	you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (a A A ζ ζ ζ ζ ζ ζ ζ ζ ζ R	dministrator, member, Commissioner, j	job title, etc.) seeking I hold	held
B			
05 GOVERNMENTAL ENTITY in which you are/w	ere an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough board	commission, county, school district, twp, etc.)
* mont6omE	RY COUR		
B			
06 OCCUPATION OR PROFESSION (This may	y be the same as block 4)	07 YEAR The information in blocks 8 through the PRIOR calendar year indicated:	15 below represents financial interests for
ASSESSOR			2007
08 REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE, check this b	ox.	
09 CREDITORS (See Instructions on page 2).	If NONE, check this box		<u> </u>
Creditor	kasal		Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOM Name	IE including (but not limited to) all employ Address	ment. (See instructions on pg. 2) ONLY IF NONE, check this block	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NOI Source of Gift	NE, check this box.		Value of Gift
Address of Source of Gift		Circumstances (including descript	ion) of Gift
12 TRANSPORTATION, LODGING, HOSPITAL Source (Name and Address)	.ITY (See instructions on page 2) If I	NONE, check this box.	Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMEN Business Entity	T IN ANY BUSINESS (See instructio	ns on page 2) If NONE, check this box.	
14 FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business	TITY IN BUSINESS FOR PROFIT (See	e instructions on page 2) If NONE, check this i	box,
15 BUSINESS INTERESTS TRANSFERRED To Business (Name and Address)	D IMMEDIATE FAMILY MEMBER (Se		nterest Held
	D IMMEDIATE FAMILY MEMBER (Se		nterest Heid telationship lete Transferred
Business (Name and Address)	D IMMEDIATE FAMILY MEMBER (Se	lr R	nterest Held telationship lete Transferred elief; said affirmation being made subject 5 Pa.C.S. §1109(b).
Business (Name and Address) Transferee (Name and Address) The undersigned hereby affirms th	D IMMEDIATE FAMILY MEMBER (Se	I said person's knowledge, information and be Public Official and Employees Ethics Act, 65	nterest Held telationship lete Transferred elief, said affirmation being made subject
Business (Name and Address) Transferee (Name and Address) The undersigned hereby affirms th to the penalties prescribed by 18 F		I said person's knowledge, information and be Public Official and Employees Ethics Act, 65	nterest Held telationship lete Transferred elief; said affirmation being made subject 5 Pa.C.S. §1109(b).

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01		FIRST NAME	MI SUFFIX
	SCHAFFER	DONNA	m
N	IOTE: IF YOU ARE INCLUDING ATTACHMENTS	DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER (PR 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 X Public Employee (Current)	Check this block if you are amending
	B Nominee	C Public Official (Former) D Public Employee (Former)	an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (adr	ninistrator, member, Commissioner, job title, etc.)	held
A	ReSIDENTI	AL ASSESSOR DEF	
		Seeking	
в			
<u> </u>			
05	GOVERNMENTAL ENTITY in which you are/were	an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough uddard, cor	nmission, county, school district, twp, etc.)
A	BOARDOF	ASSESSMENT	
в			
06	OCCUPATION OR PROFESSION (This may b	e the same as block 4) 07 YEAR The information in blocks 8 through 15	below represents financial interests for
		the <u>PRIOR</u> calendar year indicated:	2007
	RESIDENTIAL ASSOSSON		
08	REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this box.	
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09	CREDITORS (See instructions on page 2). It Creditor Creditor	NONE, check this dox.	Interest Rate 690
10	DIRECT OR INDIRECT SOURCES OF INCOME Name	including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE, Address check this block.	(OFFICIAL USE ONLY)
	·		
11		, check this box. $[\mathbf{X}]$	Value of Gift
	Source of Gift		
	Address of Source of Glft	Circumstances (including description	
			Ju on
12		Y (See instructions on page 2) If NONE, check this box.	Value
	Source (Name and Address)		
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT	IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	
	Business Entity	Position Held	
14	FINANCIAL INTEREST IN ANY LEGAL ENT Name and Address of Business	TY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this bo	x. X
15	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)		rest Held
_	Transferee (Name and Address)	Dat	ationship e Transferred
	ne undersigned hereby affin the penalties prescribed by	ct to the best of said person's knowledge, information and beli norities) and the Public Official and Employees Ethics Act, 65	
	Size	Current Date	10/08
	Signal	Considered DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.	<u> </u>
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	LAST NAME MI SUFFIX
	SCHAIBLE RANDALL K
NO	TE: 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) Check this block if you are amending an original filling B Nominee C Public Official (Former) D Public Employee (Former) Check this block if you are amending an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
A [1ST DEPLITY CONTROLLER
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В	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A [COUNTY OF MONTGOMERY
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: Description Description Description Descr
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NON-50 Name Address Check this block.
11	GIFTS (See instructions on page 2) If NONE, check this box.
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L	Address of Source of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held Position Held
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Transferee (Name and Address) Relationship Date Transferred
	undersigned hereby affi
to th	ne penalties prescribed b
	Signa Current Date 7/2-3/0 8
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.
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	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FIN PLEASE PR	(/1/) /83-1610 • IOLL FREE	
01		FIRST NAME MI S	UFFIX
	Schmidt		nS
NC	IOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT	NUMBERS.
03	3 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 (Curren B Nominee C Public Official (Former	D Public Employee (Former) an original fills	ling
04 1	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	title, etc.) seeking by hold by held	
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г	· · · ·	seeking hold held	
в			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Non	nee (e.g., dept, agency, authority, borough, board, commission, county, school distri	ct, twp, etc.)
A [Montgomery Coun	HY WIG	
в			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below represents financial i	nterests for
	Executive Directro	the <u>PRIOR</u> calendar year indicated:	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo		
09	CREDITORS (See instructions on page 2). If NONE, check this box.		
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed		DNLY)
	Name Address)
		28,000	
11	GIFTS (See instructions on page 2) If NONE, check this box.		
Г	Source of Gift		
	Address of Source of Gift		
		Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	NE, check this box. X	
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13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity	on page 2) If NONE, check this box.	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	Istructions on page 2) If NONE, check this box.	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See	instructions on page 2) If NONE, check this box.	
	Business (Name and Address)	Interest Held Relationship	
		Date Transferred of said person's knowledge, information and belief; said affirmation being ma	ide subject
to th	the penalties prescribec s) and	he Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).	

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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NOTE: IF YOU ARE INCLUDING AT LACHMENTS, 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) Check this block if you are amending an original filing 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
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 DIRECTOR OF NURSING
BYONTGOHERY CTY, PARKITOVSE
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2 0 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.</u> (See instructions on pg. 2) ONLY IF NORE, CO. Name <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Markey</u> <u>Mar</u>
11 GIFTS (See instructions on page 2) if NONE, check this box.
Value of Gift Address of Source of Gift
Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity Position Held
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Transferee (Name and Address) Relationship The undersigned hereby aff Date Transferred
to the penalties prescribed uthorities) and the Public Official and Employees Ethics Act, 65 Pac.S. §1109(b).
Sign Current Date 3/5/08
(3)

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	FIDSINAVE
	SHACKLETT JAMES HITT
N	UTE: IF YOU ARE INCLUDING AT AUMMENTS, 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) Check this block if you are amending an original filing 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
Α	BOARD MEMBER
в	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.)
Α	MONTGOMERYCTYHIGHERED & HEALTHAUTH.
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в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
	Chief Executive Officer
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment, (See instructions on pg. 2) ONLY IF NONE,
	Name National Label Co. National Label Co.
	Delaware Valley Reg. Fin. Auth.
11	GIFTS (See instructions on page 2) If NONE, check this box. X Source of Gift Value of Gift
[
£	Address of Source of Gift Circumstances (Including description) of Gift
40	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X Value Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	National Label Company Position Held Chief Executive Officer
14	
	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box Name and Address of Business Bel Air Aviation, 956 Charlotte St., Pottstown, PA 1008 National Label Company, 2025 Joshua Rd., Lafayette Hill, PA 19444 19.238
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) Date Transferred
	andersigned hereby affine solution being made subject at and Employees Ethics Act, 65 Pa.C.S. §1109(b).
	Signa Current Date
	(3)

	COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01	LAST NAME FIRST NAME MI SUFFIX
	SHIVELET LERRY W
NO 03	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C B Nominee C Public Official (Former) D Public Employee (Former)
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
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05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
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08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). If NONE, check this box.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY) (OFFICIAL USE ONLY) Name Address Check thill Block (Direction) MC(U MONAL CTOWN, Party OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.
	Address of Source of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
	Source (Name and Address)
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
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	Transferee (Name and Address) Date Transferred Indersigned h
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DIRECTOR VETERANS AFFAIRS	the <u>PRIOR</u> calendar year indicated	2007
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09 CREDITORS (See instructions on page 2). If NONE, check this box.		Interest Rate
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3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See Instru	uctions on page 2) If NONE, check this box.]
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Business (Name and Address)	1	Interest Held Relationship
Transferee (Name and Address) he undersigned hereby affirms that the foregoing information is true and correct to the		Date Transferred
b the penalties p	blic Official and Employees Ethics Act, i	belief; said affirmation being made subject 65 Pa.C.S. §1109(b).
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY
01 LAST NAME MI SUFFIX
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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)       Check this block if you are amending an original filing         B       Nominee       C       Public Official (Former)       D       Public Employee (Former)       D       Public Employee (Former)
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A COMMERCIAL ASSESSOR SUPERVISOR
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.)
ACOUNTY OF MONTGOMERY BOARD OF
BASSESSMENT APPEALS
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated:
COMMERCIAL ASSESSOR SUPERVISOR 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box. Creditor BENEFICIAL SAVINGS BANK 3,9900
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
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11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X Value
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, BECKINS box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interee Option Business (Name and Address)
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The undersigned here the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties presoned to t
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 SEC-1 REV. 01/08
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B Nominee C Public Official (Former) D Public Employee (Former) an original filing
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05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUNTY
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6 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
the <u>PRIOR</u> calendar year indicated:
8     REAL ESTATE INTERESTS (See instructions on page 2)     If NONE, check this box.
9 CREDITORS (See instructions on page 2). If NONE, check this box.
0 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NOVEL 177, (OFFICIALLISE ONLY)
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MONTGOMERY COUNTY
Box 311 NORRISTOWNPA 19404
1 GIFTS (See instructions on page 2) If NONE, check this box.
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2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
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	3EV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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	A       Candidate (Including write-in)       C       Public Official (Current)       D       Public Employee (Current)       Check this block if you are amending an original filing         B       Nominee       C       Public Official (Former)       D       Public Employee (Former)       Check this block if you are amending an original filing
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06	• OCCUPATION OR PROFESSION (This may be the same as block 4) 07. YEAR The information in blocks 8 through 15 below represents financial interests for
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15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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	andersigned hereby affined by the set of said person's knowledge, information and belief; said affirmation being made subject to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).
	Signa Current Date 3/10/08
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-08
01 LAST NAME FIRST NAME MI SUFFIX
SULLIVAN THOMAS
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)       Check this block if you are amending an original filing         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
ADIrector of Public Safety
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.)
Montgomery County
B
06       OCCUPATION OR PROFESSION (This may be the same as block 4)         07       YEAR The information in blocks 8 through 15 below represents financial interests for
Same as abore $= 260.7$
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09       CREDITORS (See instructions on page 2). If NONE, check this box.         10       DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.         10       DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.         Name       Address
11 GIFTS (See Instructions on page 2) If NONE, check this box.
Source of Gift     Value of Gift       Address of Source of Gift     Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)       If NONE, check this box.         Business Entity       Position Held
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Heid Interest Heid
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
Transferee (Neme and Address)       Date Transferred         The undersigned hereby to the penalties prescrib       If said person's knowledge, information and belief; said affirmation being made subject a Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).         S       Current Date       4/29/18
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/06 STATEMENT OF FINANCIA PLEASE PRINT NEATL	(/ 1/) /03* 1010 = TOLL FREE 1	
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03 STATUS Check applicable block or blocks, more than one block may be marked. (See instruct		
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04       PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are         A	seekingholdheld	
B	seeking hold held	
05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidat	e or nominee (Twp., Boro, Board, Commission, Dist., Agency, Auth	ority, etc.)
·Montgomery country		
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06 OCCUPATION OR PROFESSION (This may be the same as block ) 07 YE	AR The information below represents financial interests for the PRI	QR year.
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09 CREDITORS (See instructions on page 2). If NONE, check this box.		<u> </u>
10 DIRECT OR INDIRECT SOURCES OF INCOME Vincluding, but not limited to employment. See instruction		ILY)
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11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value of Gift	
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14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions of Name and Address of Business	Interest Held	<u></u>
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Transferee (Name and Address) The undersigned hereby to the penalties prescrib	Date Transferred The knowledge, information and belief; said affirmation being made s Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).	ubject
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O1       LAST NAME       MI       SUFFIX         T       A       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X
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)       Check this block if you are amending and the public Official (Current)       D       Public Employee (Current)       Check this block if you are amending and the public Official (Current)         04       PUBLIC POSITION OR PUBLIC OFFICE (administrator, member. Commissioner, job title, etc.)       seeking       hold       held         A       C       H       Z       F       D       F       U       T       Public Official (Current)       D       Seeking       hold       held         A       C       H       Z       F       D       F       U       T       Public Official (Current)       D       Eeking       hold       held         A       C       H       Z       F       D       F       U       T       Public Official (Current)       D       Eeking       hold       held         A       C       H       Z       F       D       F       U       T       Public Official (Current)       Eeking       hold       mode       held       held       held       held       held       held
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03       STATUS       Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)       Check this block if you are amending an original filling         04       PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)       D       Public Employee (Current)       D       Image: Seeking         04       PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)       Seeking       hold       Image: Nonice         05       GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)         A       M       O       NTG       M       V       Q       L       N       Y       P         06       OCCUPATION OR PROFESSION (This may be the same as block 4)       07       YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated.       2       0       7
A       Candidate (including write-in)       C       Public Official (Current)       D       Public Employee (Current)       Check this block if you are amending an original filling         04       PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)]       seeking       hold       held         A       C       H       T       F       D       E       Public Employee (Former)       D       held         A       C       H       T       F       D       E       P       L       T       P       L       T       D       E       P       L       D       E       P       L       D       E       F       D       E       L       D       E       F       D       E       L       D       E       D       E       L       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E       D       E
A       Candidate (including write-in)       C       Public Official (Current)       D       Public Employee (Current)       an original filling         B       Nominee       C       Public Official (Former)       D       Public Employee (Former)       an original filling         04       PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)       seeking       hold       A         A       C       H       T       F       D       E       P       U       T       Y       P       U       D       E       F       D       E       E       Image: Commission of the second of the seco
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B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B       B
05       GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)         A       M       O       NTG       O       M       T       Y         B
$ \begin{array}{c ccccc} A & M & O & NTG & O & M & E & K & Y & C & O & L & N & T & Y \\ \hline B & & & & & & & & & & \\ \hline 06 & OCCUPATION OR PROFESSION (This may be the same as block 4) \\ \hline C & HIEF DEAL MY PUBLIC DOEWDEAL \\ \hline (Immune) \end{array} $
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06       OCCUPATION OR PROFESSION (This may be the same as block 4)         07       YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:         07       YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
CHIEF DEALLY PUBLIC DOKONDAL (100-400) the PRIOR calendar year indicated: 2007
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08 REAL ESTATE INTERESTS (See instructions on page 2) If HONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE TO (OFFICIAL USE DNLY)
Name Address check this block A
11 GIFTS (See instructions on page 2) If NONE, check this box.
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12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity Position Held
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
Neme and Address of Business
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
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Business (Name and Address) Transferee (Name and Address) The undersigned hereby affirm The unde

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY         (717) 783-1610 • TOLL FREE 1-800-932-4
01 LAST NAME FIRST NAME
TETI
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SUCIAL SECURIT I NUMBER OR FINANCIAL ACCOUNT NUMBER
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A       Candidate (including write-in)       C       Public Official (Current)       D       Public Employee (Current)       Check this block if you are amending an original filing         B       Nominee       C       Public Official (Former)       D       Public Employee (Former)       The complete in the comp
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, Job fills, etc.)
A W H I T P A I N T O W NS' L I P S Y P E R V I S O R
seeking Khold held
BOARD OF ASSESSMENT - MEMBER
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.)
^ WHFITPAIN TOWNSHIP
"MONTGOMERY COUNTY
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for
Member - BOAND of Assessment Appends the PRIOR calendar year indicated: 2007
08 REAL ESTATE INTERESTS (See instructions on page 2) if NONE, check this box.
09 CREDITORS (See instructions on page 2). If NONE, check this box.
Creditor Interest Rate
10       DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Name       (OFFICIAL USE ONLY)         Name       Address
Name Address check this block.
10 <u>DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.</u> (See instructions on pg. 2) <u>ONLY IF NONE</u> , (OFFICIAL USE ONLY) Name Name Nick TETI, INC. 2 Westhampton Why (ANSDEG # / PY/66
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Name       Address       Check this block.         Mick TETI, Twc.       2 West http://www.way.cause.de/file         11       GIFTS (See instructions on page 2)       If NONE, check this box.         Source of Gift       Value of Gift         12       TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)       If NONE, check this box.         12       TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)       If NONE, check this box.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)       If NONE, check this box.
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Name       Address       Check this block.         Mick TEri, T.N.c.       WKST hAmptau Why (ANSDRoth THK)         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.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2)       If NONE, check this box.         14       FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)       If NONE, check this box.         14       FINANCIAL INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         15       BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.
Name       Address       check this block.         Mick TEri, T.N.c.       2 West hAmpton Way (Ansphere Wy)         11       GIFTS (See instructions on page 2)       If NONE, check this box.         Source of Git       Value of Git         Address of Source of Git       Circumstances (including description) of Git         12       TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)       If NONE, check this box.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2)       If NONE, check this box.         14       FILANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)       If NONE, check this box.         14       FILANCIAL INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         15       BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         15       BUSINES INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         16       Business (Name and Address)       Interest Heid         17       Full Constructions on page 2)       If NONE, check this box.         16       Business (Name and Address)       Interest Heid         17       Full Constructions on page 2)       If NONE, check this box. <tr< td=""></tr<>
Name       Address       check this block.         Nick TEri, T.N.c.       2 West ham from Wing (ANSD block)         11       GIFTS (See instructions on page 2)       If NONE, check this box.         Source of Git       Value of Git         Address of Source of Git       Circumstances (including description) of Git         12       TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)       If NONE, check this box.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)       If NONE, check this box.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)       If NONE, check this box.         14       FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)       If NONE, check this box.         15       Business (Name and Address of Business)       Interest Hold         15       BUSINESS INTERRESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)       If NONE, check this box.         16       BUSINESS (Name and Address)       Interest Heid         17       TRANSPORTATION, LOC IMMEDIATE FAMILY MEMBER (See instructions on page 2)       If NONE, check this box.         16       BUSINESS INTERRESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)       If NONE, check this box.
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Name       Address       Check this block.         Nick TEti, Twc.       2 WkST http://tww.//(ANSDR).         11       GIFTS (See instructions on page 2)       If NONE, check this box.         12       Source of Gift       Circumstances (including description) of Gift         12       TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)       If NONE, check this box.         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)       If NONE, check this box.         14       FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)       If NONE, check this box.         14       FINANCIAL INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         15       BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         16       BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)       If NONE, check this box.         17       Transfered (Name and Address)       Interest Heid         17       Transfered (Name and Address)       Interest Heid<

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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938
01 LAST NAME	FIRST NAME	MI SUFFIX
THOMAS	BRIAN	
· · · · · · · · · · · · · · · · · · ·	5, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER	R OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks A A Candidate (including write-in B NomInee	, more than one block may be marked. (See instructions on page 2)         i)       C         Public Official (Current)       D         C       Public Official (Former)         D       Public Employee (Former)	Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (ac	Iministrator, member, Commissioner, job title, etc.)	held
ARESIDENT	IALLASSESSOR	
	Seeking hold	held
B		
05 GOVERNMENTAL ENTITY in which you are/we	re an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough board,	commission, county, school district, twp, etc.)
MONTGOME	24 COUNTY PUT	8 milli
В		
06 OCCUPATION OR PROFESSION (This may	be the same as block 4) 07 YEAR The information in blocks 8 groups h	15 below represents financial interests for
RESIDENTIAL	the <u>PRIOR</u> calendar year indicated:	2007
	s on page 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). Creditor	if NONE, check this box.	Interest Rate
	including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
MONTGOMERY C	Address check this block ONE WINTGOMELLI ILALA	STE.
BOARD of ASSESSKIEN	TAPZALS NORPISTOWN, PA	301
11 GIFTS (See instructions on page 2) If NON		
Source of Gift		Value of Gift
Address of Source of Gift	Circumstances (Including descripti	
•		
12 TRANSPORTATION, LODGING, HOSPITAL Source (Name and Address)	TY (See instructions on page 2) If NONE, check this box.	Value
13 OFFICE, DIRECTORSHIP OR EMPLOYMEN Business Entity	T IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	
14 FINANCIAL INTEREST IN ANY LEGAL ENT	ITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this I	
Name and Address of Business		Interest Held
15 BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)		terest Held
Transferee (Name and Address)	D	elationship ate Transferred
The undersigned hereby affirms to the penalties prescribed by 18	est of said person's knowledge, information and be od the Public Official and Employees Ethics Act, 65	Pa.C.S. §1109(b).
Signature	Current Date _3	-5-08
THIS F	ORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.	
	(3)	

	NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME	FIRST NAME	MI SUFFIX
THOMAS	KATHLEEN	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH		
		OR FINANCIAL ACCOUNT NUMBERS.
		Check this block if
A Candidate (including write-in) C Z Public Official (Curre B Nominee C Public Official (Corre	· · · · · · · · · · · · · · · · · · ·	you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	ob title, etc.) seeking X hold	held
^ MEMBER		
	seeking Dhold	held
B		
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, o	ommission, county, school district, twp, etc.)
* AUTHORITY		
B		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 1	
BANKING	the <u>PRIOR</u> calendar year indicated:	2 A A T
		2001
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	ox. 🔀	
		K.
09 CREDITORS (See Instructions on page 2). If NONE, check this box.	ن ن	8 101
Creditor		-1 Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY IF NONE	(OFFICIAL USE ONLY)
Name Address Address	check this block	E
River River	ite pril DA 18162	
11 GIFTS (See instructions on page 2) If NONE, check this box.	DE BEIL, PA 17412	w
Source of Gift	<u>s</u>	
Address of Source of Gift	Circumstances (including description	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	IONE, check this box.	
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity	Position Held	 
BANK OF AMERICA	SENIOR VICE PRE	SIDENT
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See		
Name and Address of Business		Interest Held
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Sei Business (Name and Address)		ox.
Droulose (Idello glid Vodiase)		est Hera Itionship
		Transformed
Transferee (Name and Address)	Date t of said person's knowledge, information and beli	Transferred ef; said affirmation being made subject
Transferee (Name and Address)	Date	of said affirmation being made subject
Transferee (Name and Address)	Date t of said person's knowledge, information and beli	of said affirmation being made subject
Transferee (Name and Address) The undersigned hereby to the penalties prescrib	Data           t of said person's knowledge, information and beli           the Public Official and Employees Ethics Act, 65 F           Current Date           ANY BLOCK ABOVE IS NOT COMPLETED.	of said affirmation being made subject

SEC-1 REV. 01/08		NANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
01 LAST NAME		FIRST NAME	
THORNTON		THOMAS	
02 STREET ADDRESS (work or residence)	City	State	Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS	, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURIT	( ) YNUMBER OR FINANCIAL ACCOUNT NUMBERS.
	more than one block may be marked		
A Candidate (including write-in) B Nominee	C Public Official (Curre C Public Official (Form		
04 PUBLIC POSITION OR PUBLIC OFFICE (adm	ninistrator, member, Commissioner, j	ob title, etc.) seeking	hold held
AASSESSOR			
В		seeking	
05 GOVERNMENTAL ENTITY in which you are here			
A MONTEOMERAL	an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borou	
в			
06 OCCUPATION OR PROFESSION (This may b	e the same as block 4)	07 YEAR The information in blocks (	through 15 below represents financial interests for
ASSESSOR		the <u>PRIOR</u> calendar year i	
08 REAL ESTATE INTERESTS (See instructions	on page 2) If NONE, check this by	L	
		<u></u>	
Creditor			Interest Rate
AMERICAN HERITA	GE CPEDIT	11.1 0	499
		GNION	
10 DIRECT OR INDIRECT SOURCES OF INCOME I Name	ncluding (but not fimited to) all employ Address	ment. (See instructions on pg. 2) ONLY I	F NONE, (OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME I Name	ncluding (but not limited to) all employ Address	ment. (See instructions on pg. 2) ONLY I	this block.
10       DIRECT OR INDIRECT SOURCES OF INCOME I         Name       Image: Construction of the second s	Address	ment. (See instructions on pg. 2) ONLY I	this block.
10 DIRECT OR INDIRECT SOURCES OF INCOME I Name	Address	ment. (See instructions on pg. 2) ONLY I	this block.
10       DIRECT OR INDIRECT SOURCES OF INCOME	Address	ment. (See instructions on pg. 2) ONLY I	this block. L.
10       DIRECT OR INDIRECT SOURCES OF INCOME I         Name       Image: Construction of the second s	Address	ment. (See instructions on pg. 2) ONLY I	Value of Gift
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10       DIRECT OR INDIRECT SOURCES OF INCOME i         Name       Image: Comparison of the second sec	Including (but not limited to) all employ         Address         Image: Contract of the second secon	ment. (See instructions on pg. 2) ONLY I         check         check	Value of Gift
10       DIRECT OR INDIRECT SOURCES OF INCOME i         Name       Image: Comparison of the second sec	Check this box.  Click instructions on page 2)  If N	Internet. (See instructions on pg. 2) ONLY i check Check Check Check Check Circumstances (includir ONE, check this box.	Value of Gift Value of Gift Value Value Value Value Value
10       DIRECT OR INDIRECT SOURCES OF INCOME I Name         Image: Source of Source of Source of Gift         11       GIFTS (See instructions on page 2)         Address of Source of Gift         12       TRANSPORTATION, LODGING, HOSPITALITY         Source (Name and Address)         13       OFFICE, DIRECTORSHIP OR EMPLOYMENT I         Business Entity	Address  Check this box.  (See instructions on page 2)  NANY BUSINESS (See instructions	INTERNET HOUSE - NORRIS Circumstances (includin ONE, check this box.	Value of Gift Value Value Value Value Value Value Value Value Value
10       DIRECT OR INDIRECT SOURCES OF INCOME I         Name       Image:	Address  Check this box.  (See instructions on page 2)  NANY BUSINESS (See instructions	INTERNET HOUSE - NORRIS Circumstances (includin ONE, check this box.	Value of Gift Value Value Value Value Value Value Value Value Value
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10       DIRECT OR INDIRECT SOURCES OF INCOME i Name         Image: I	Address	ment. (See instructions on pg. 2) ONLY i check Check Circumstances (includin ONE, check this box.	Value of Gift  Value Val
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS (717) PLEASE PRINT NEATLY	'LVANIA STATE ETI 783-1610 • TOLL FR	HCS COMMISSION EE 1-800-932-0936
01 LAST NAME FIRST NAME	MI	SUFFIX
TOEPEL MARCY		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEAKS YOUR SUCIAL SECURITY I NUMBER OR FINE	ANGTAL AGOUD	NI NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	- <u> </u>	·····
A       Candidate (including write-in)       C       Public Official (Current)       D       Public Employee (Current)       []         B       Nominee       C       Public Official (Former)       D       Public Employee (Former)	Check this b you are ame an original f	nding
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking	heid	
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B	held	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission	n, county, school di	strict, twp, etc.)
MONTGOMERY COUNTY		
B		
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below n the <u>PRIOR</u> calendar year indicated:	epresents financia	al interests for
Deputy	007	
08 REAL ESTATE INTÉRESTS (See instructions on page 2) If NONE, check this box.		
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Heid		
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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)		
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	NSYLVANIA STATE ETHICS COMMISSION 17) 783-1610 • TOLL FREE 1-800-932-0936
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D1       LAST NAME       MI       SUFFIX         W/E/A/T/HERS       B       B       B       B       B       B       B       B       B       C       Public Official (Employee, Candidate or Nominee (e.g., dept, agency, authority, borough Garded) and of the same as block 4)       D? YEAR The Information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
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13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity Position Held
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
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## STATEMENT OF FINANCIAL INTEREST

## **Question 10. - Direct or Indirect Sources of Income**

## FREDERIC M. WENTZ, ESQUIRE

<u>Name</u>

## Address

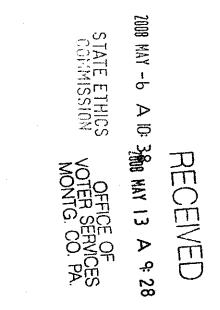
McGrory Wentz, LLP

115 W. Germantown Pike Suite 100 Swede Square Norristown, PA 19401

Pennsylvania State Transportation Commission

Commonwealth Keystone Bldg. 6th Floor P.O. Box 3633 Harrisburg, PA 17101-1900

Black Rock Funds BP PLC Citigroup Citizens' Bank Conocophillips EDS EV Balanced Fund Wachovia Bank **General Electric** Citigroup Smith Barney Merrill Lynch Nominee Nuveen Ltd Term Mini Fund Vanguard Prime MM FD Verizon Wellington Fund Windsor Fund



COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS (717) 783-1610 • TOLL FREE	
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		INANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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02 5	STREET ADDRESS (work or residence) City	State Zip C	ode Area Code Phone
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COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/08	STATEMENT OF FINANCIAL PLEASE PRINT NEATLY		PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936
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