STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

											_						1471	÷ '												_
01	L	ASTN	AME													F	IRST	NAME	:									ıı sı	JFFIX	-
	A	10	15	H	E	A	- D	ı								R	0	B	E	R	T	-					1	-		
_					<u> </u>	<u> </u>																			-					-
NO	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.																													
03	ST.	ATUS	С	heck a	applica	abie bl	lock or	block	s, mc	re tha	n one	block	may	be ma	rked.	(See	instruc	ctions	on pag	ge 2)								Check	this	
		a [Ca	ndida	te (inc	luding	write-	in)	C	☐ p	Public	Officia	al (Cu	rrent)	D	$\boldsymbol{\lambda}$	Public	с Етр	loyee	(Curr	ent)	Ε		Check				block i		
	- 1	в 🗆	No	minee)				С	F	ublic	Officia	al (Fo	rmer)	D		Public	с Етр	loyee	(Forn	ner)			you a					inal filing	
04	PU	BLIÇ	POSI	TION	OR P	UBL!(OFF	ICE (i	admin	istrato	r, mer	nber,	Comr	nissior	ner, jo	b title	, etc.)	s	eekin	g			hold			held				
A [
E			l	L	<u> </u>				1	1	<u> </u>	L	<u> </u>	L	L	1		Ш.	eekin		l		hold		\Box	held				
в				1	Γ	Г				Γ	Γ	Ι	Γ	T	Ī	Ţ	Τ		EEKIII	.y	Ţ		11010			neiu	1	1		
۱۳			<u> </u>	<u> </u>	1	<u>. </u>	L	L		L		<u> </u>	<u></u>	<u></u>	l	<u> </u>	l	L	Ll	<u> </u>		L	ļ		<u> </u>	<u> </u>				
05	GC	VERN	MEN	TAL E	NTITY	' in whi	ich you	ı are/w	ere ar	n Officia	al, Em	ployee	, Can	didate (or Nor	ninee ((e.g., d	lept, aç	gency, a	autho	rity, bo	rough	, board	, comr	nissio	n, cour	ity, scho	ool distric	t, twp, etc.)
A	В	ρ		A	5	5	E	٤	5.		A	P	P	E	A	4	5		M	0	N	τ		C	0		P	A		
в	5	0	L	ſ	C	(T	٥	R		ω	H	(T	P	A	1	N		τ	u	P		P	A					
06	ос	CUPA	TIO	OR	PROF	ESSIC	ON (Th	nis ma	y be t	the sar	me as	block	(4)		•	07 \	YEAR	SEI	E INST	rRUC	TION	S.	,							-
			A-1	Hol	rne	Υ													n Bloc ir the c				nts ed here	e: [2	0	/	7		_
08,	8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. \(\begin{align*} Lease office space at 1494 old \\ York Rd., Abington, PA. Also, am landlord on a sublease to a lawfirm at same																													
	2 dd	ር ኮ የድሩ		m	oing	Jev,	17	t.	ηı	50 ₎	αn	۸ ۱	iano	7 O(d	0 N	a	ا∪≳	blea	50	10	a	lat	uf-ir	m	a+	san	e		
09		EDIT	ORS ((See i	nstruc	tions o	on pag	e 2).	Credit	or (Na	me ai	nd Ad	dress) If N	IONE	, chec	k this	box.							Ī					-
	Nam	e:	5	ee	10	5+	at	Hae	he	<u>/</u>				Add	ress:											_	est Rate		,	
														* 1												, S	≘ےو	lis	+	
10	DIR	ECT (OR IN	DIREC	CT SO	URCE	S OF I	NCO	VIE ind	luding	(but n	ot limi	ited to) all en	nployr	nent.	(See in	nstruct	ions or	n pg. 2			NONE			OF	FICTA	USE	NLY)	-
			(00		۱. ه .	L	atto	٦٦	ابد												cn	BCK IN	is bloc	ск.		dia.	= è			
	Nam	1e: 🔻	350		<i>(</i>		7. dto	u n	201					Add	ress:										- 1		E	,		
	CIE	TC /	 Caal								Abla b																10	<u>. </u>	2 4 4 34	_
11		uce of		istruc	uons c	л рад	je 2)	II NU	INE, C	neck	นแรน	ox. [Val	ue of∢Gi			
																											2		.00.2 1	
,	Addre	ess of	Source	of Gift	 !	L	.	L			l		ł	1	L				Circur	mstan	ces (inc	! cluding	descrip	tion) o	f Gift			·		
40		ANGE		A T(O)		OCINIC			LITY	(5	!m = 4			0)	14.4	IONE		l. 41-1-		r										-
12				nd Add		JGING	s, HOS)PITA	ALII Y	(See	ınsıru	CHONS	on pa	age z)	11 11	IUNE,	cnec	K UHS	DOX.						١	/alue				
															<u></u>	<u> </u>					<u> </u>]			<u></u>			<u> </u>		_
13					RSHIP ne and .		EMPLO is)	OYME	NT IN	IANY	BUSI	NESS	3 (Se	e instr	uction	ıs on	page 2	2) If I	NONE,	, che	ck thi	s box	. 📙		ı		n Held (yee, etc		er, director,	
	Nam			•			,							Addre	986:												10	20%	7 0	
14	FIN	ANC					LEG/	AL EN	ITITY	IN BU	SINE	SS F	OR PE		_ na	instru	uctions	s on pa	age 2)	If I	NONE	, che	ck this	box.		Interes	t Held (i.e., 5%,	10%, etc.)	-
L	Nar	ne and	Addre	ess of E	Busines Rab	s ort	Ad	< k	end)	//	<i>C</i> .		14	94	Oli Inn	d s	orl A	K R	d -	Sυ	ite	Z	20		Ī					
15							SFER	RED .	TO IM	MEDI	ATE F	AMIL	Y ME	MBE	(Se	e instr	ruction	ns on p	page 2	!) If	NON	E, che	ck thi	s box]				-
					ddress)																			Interes Relatio	onship					
The					Addres affirms		ne fore	agoint	infor	mation	is tru	e and	corre	ct to ti	ne be	st of s	aid pe	rson's	know	ledge	, infor	matio		Date 1 belief:			ation b	eing ma	de subjec	i
																							ct, 65 F					•	.,	
		Si	gnatu	re _																	Ent	er Cu	rrent E	Date _	4	4-19	7 /	8		
			-		A IS C	ONS	IDER	ED [DEFIC	CIENT	IF A	NY E	BLOC	K AB	OVE	IS N	от с	ОМР	LETE	D. I	WAKI	E A C	OPY	FOR	YOU	IR RE	CORI	os.		
															(3 0	of 4)	ı	١,	/ 2	_								-		_

STATEMENT OF FINANCIAL INTEREST

Line 09 - Creditors

Name and Address of Creditor

Interest rate

Mercedes Benz Financial (Daimler Trust) 13650 Heritage Parkway – 1st Fl. Ft. Worth, TX 76177

3.2% on one auto loan 3.7% on second auto loan

Line 10 - Direct or Indirect Sources of Income

Name and Address of Source of Income

Law Offices of Robert Adshead, LLC 1494 Old York Rd. - Suite 200 Abington, PA 19001

Montgomery County, Pennsylvania One Montgomery Plaza – 8th Floor Swede & Airy Sts. Norristown, PA 19401

Whitpain Township, Pennsylvania 960 Wentz Rd. Blue Bell, PA 19422

Artisans Order of Mutual Protection 8100 Roosevelt Blvd Philadelphia, PA 19152 2018 APR 30 FH 3: 20

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX
	A L E S S \ L A U R E N A
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
N	OTE: 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
А	ASSISTANT DISTRICT ATTORNEY
	seeking hold held
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.)
Α	M O N T G O M E R Y C O U N T Y
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents
	Assistant District Attorney disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
09	Name: U.S. Department of Education Address: FedLoan Servicing, Po. Box 19184 L.U.Z.S. 1.
	HOU 1900 1 HAY
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name Montgomery County-Courthouse 4th Fl. Address P.O. Box 311, Norristown, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box.
	Source of Gift Value of Gut
	Address of Source of Gift Circumstances (including description) of Gift*1 Circumstances (including description) of Gift*1
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) P.O.Gox 3\\ Position Held (i.e., officer, director, employee, etc.)
	Business Enlity (Name and Address) P.O. Box 311 Name Montgomery County Address Norristown, PA 19404 Employee
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held
The	Transferee (Name and Address) Relationship Date Transferred e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject
to 1	the penalties prescribed by 18 Pa C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date 41518 THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Statement of Financial Interests Form Continued

Box #9 Creditors

Widener Law Delaware

Interest Rate: 5.00%

One University Place Chester, PA 19013

U.S. Department of Education*

Interest Rate: 7.875%

FedLoan Servicing P.O. Box 69184

Harrisburg, PA 17106

* I am unsure whether or not I should have included the loan immediately above due to the nature and circumstances surrounding it. My father took out a Parent Plus Loan for my education and my sister's education, and I am in no way associated to or listed on the loan. I am not an obligor by law. However, I help my father make payments towards it monthly, so I included it on the form.

Box #10 Direct or Indirect Sources of Income

NXT Sports LLC 4747 South Broad Street Building 101, Suite 310 Philadelphia, PA 19112

Themis Bar Review LLC 320 West Ohio Street Suite 4W Chicago, IL 60654

Box #13 Office, Directorship, or Employment in Any Business

NXT Sports LLC

Position Held: Independent Contractor

4747 South Broad Street Building 101, Suite 310 Philadelphia, PA 19112

Themis Bar Review LLC 320 West Ohio Street

Position Held: Independent Contractor

Suite 4W

Chicago, IL 60654

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME	MI SUFFIX						
	Alexander	John	B M/						
02	ADDRESS (*)	State 7in Cade	Area Codo Dhaga						
NC	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						
	A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) Public Employee (Former) E Check this if you are fi as a solicit.	ling are amending						
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, joi	b title, etc.) seeking Malod []	held						
A	Public In Abormat	1 0 h C 0 0 / J i	nator						
В									
05	GOVERNMENTAL ENTITY in which you are/were an Official. Employee, Candidate or Non	ninee (e.g., dept, agency, authority, borough, board, commissi	on, county, school district, twp, etc.)						
Α	Montgomery 600n	ty office	o f.						
В	Public Health								
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	ik i innindirinda paraminin dalam sining pa						
P_{ij}	olic Information Coordinator	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2	0 / 8						
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	x. V							
			<u></u>						
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	check this box. 👿	Interest Rate						
	Name Address.								
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL, USE ONLY)						
	Name Monteymeny County Office of lubic Address:	i(i) $ -$							
		ΙϤΨυ٦	*						
11	GIFTS (See instructions on page 2) If NONE, check this box. V		Value of Gift						
`	Address of Source of Gift	Circumstances (including description) of Gif	1						
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	IONE, check this box. V	Value						
	Source (Name and Address)								
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ns on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)						
	Nanie: Address.		V						
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	e instructions on page 2) If NONE, check this box. V	Interest Held (i.e., 5%, 10%, etc.)						
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	e instructions on page 2) If NONE, check this box.	eld						
	Transferee (Name and Address)	Relationsh Date Trans	ip						
	undersigned hereby affirms that the forecoing information is true and correct to the be		id affirmation being made subject						
	Signaturi	Enter Current Date	4/30/18						
	THIS F	IS NOT COMPLETED. MAKE A COPY FOR YO	our récords						

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY FIRST NAME MI SUFFIX LAST NAME 01 C スェ М 0 N City Zip Code Area Code Phone State ADDRESS office (business or governmental) or home NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) A Candidate (including write-in) C Public Official (Current) Check this block are amending if you are filing D Public Employee (Former) an original filing B Nominee C ___ Public Official (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking hold 05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 0 1 Warden disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address 7.0. Box 192561, columbus, Ohiv. Name: ATET Universal Credit Caud Citi-American Express 15.970 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Address Name: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee, etc.) Business Entity (Name and Address) Address Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. V Interest Held Business (Name and Address) Relationship Date Transferred

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

to the penalties prescrib

Signatu

\$4904 Funsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).

Enter Current Date 4.16-2018

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

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	MILHELE	MI SUFFIX
02 City	State Zip Code	Area Code Phone
	AT DE A VOLUD COCIAL SECURITY NUMBER OF EIN	IANCIAL ACCOUNT NUMBERS
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA		TANGER ACCOUNT NUMBERO.
03 STATUS Check applicable block or blocks, more than one block may be marked		Check this block if you
A California Willowing	D Public Employee (Current) E Check the if you are as a solid as a solid	e filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,		held
	IV R S E	
A PUBLIC HEALTH N	seeking hold	held
В		
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	Nominee (e.g., dept. agency authority, borough, board, commi	ssion, county, school district, twp, etc.)
	1 L H E A L T H	
10 F F 1 C E 10 F 1 P V B L		
В		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
RN	Information in Blocks 8 -15 represents disclosure for the calendar year listed here.	2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box.	
		20
09 CREDITORS (See instructions on page 2), Creditor (Name and Address) If NO	NE, check this box.	Interest Rate
Name: Addres		
	(On instanting of a) ONLY IS NONE	(OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all empl	check this block.	
	55 PO, Box 311	
	Mistorn, PA 19404-0311	C)
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	f 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 instruc	tions on page 2). If NONE, check this box.	Position Held (i.e., officer, director,
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See histroc Business Entity (Name and Address)	Anomo en pago E) 11 mente, anada ana aran [4]	employee, etc.)
Name: Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business	Ose mandouvis on page 2) in None, enter and Man.	الخا
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	Interes	st Held
The state of the s	Relatio Date T	ransferred
The undersigned hereby affirms that the foregoing information is true and correct to the to the penalties prescribed by 18 Pa C.S. 8 4904 (unsworn falsification to authorities) at	∍ best of said person's knowledge, information and belief; nd the Public Official and Employee Ethics Act, 65 Pa.C.\$; said anirmation being made subject 5, §1109(b).
Signature	Enter Current Date _	4/25/18
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABO	OVE IS NOT COMPLETED. MAKE A COPY FOR	YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

	······································
1 LAST NAME Angelo	FIRST NAME MI SUFFIX ELIZOBETH L MS
02 ADEDESC office (hydrogen or neverthmental) or home	State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
O3 STATUS Check applicable block or blocks, more than one block may be marked. A Candidate (including write-in) C Public Official (Current) B Nominee C Public Official (Former)	ed. (See instructions on page 2) D Public Employee (Current) E Check this block if you are filing an original fi
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner	r, job title, etc.) seeking A hold held
AENVIRONMENTALI	HEALTH SPECIALIS
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.
MONTFOMERY COUL	NTY
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
Environmental Health Specialist	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	s box.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NO	NE, check this box.
Name Addres	ss. Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp	loyment. (See instructions on pg. 2) ONLY IF NONE, check this block (OFFICIAL JUSE ONLY)
Nome Matrian day Crush	P.O.Box 311
	mstour, PA 19404
11 GIFTS (See instructions on page 2) If NONE, check this box.	
Source of Gift	Value of Gift
	Commissioner (including description) of Gift
Address of Source of Gift	Circumstances (including description) or one
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address)	If NONE, check this box. Value
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ctions on page 2) If NONE, check this box. Position Held (i.e., officer, dire employee, etc.)
Name: Addres	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business	(See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, i
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	(See instructions on page 2) If NONE, check this box. Interest Held Relationship
Transferee (Name and Address)	best of said person's knowledge, information and belief, said affirmation being made su
The undersigned hereby affirms that the forenoish information is little and covers to the penalties prescribed by 18 Pa	Public Official and Employee Ethics Act. 65 Pa.C.S. \$1109(b).
Signature	Enter Current Date 4/26/18
THIS FORM IS CONSIDERED DETICIENT	NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

	FIRST NAME MI SUFFIX
01	A N T O N A C I O M A R K
02	Charles Tie Code Area Code Phone
	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
NO	Charlist and he marked (See instructions on page 2)
03	Public Employee (Current) E Check this block blo
	A Candidate (including write-in) C Public Official (Current) D Public Erriployee (Current) If you are filing are amending if you are filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Ē	A S S I S T A N T D I S T R I C T A T T O R N E Y
., [seeking hold held
в	
	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.)
05	
Α	M O N T G O M E R Y C O U N I Y
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Α	SSISTANT DISTRICT ATTORNEY Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
•••	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
00	Name: AES STUDENT LOANS Address:
	DIRECT OF INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
10	check this block.
	Name: Montgomery County District Attorney's Office
	PO Box 311, Norristown, PA 19404-0311
11	GIFTS (See instructions on page 2) If NONE, check this box.
1	Source of Gift
ļ	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. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address)
	Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
	Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
13	Business (Name and Address) Relationship Date Transferred
 -	Transferee (Name and Address) Transferee (Name and Address) Transferee (Name and Address)
to	the penalties prescribe 3-20-18
	Signature Enter Current Date

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01																								
	LAS1	NAME											FIRST	NAME	•							MI	sı	JFFIX
	$A \mid i$	2 K	0	0	SH	/					T	7 [VA	. ,	F	R1	- 6	-				A		
L	$M \parallel I$	1 1			<u>> / / </u>	1					Щ	{	V //(1	اعا	/					<u> </u>	<u> </u>		
NO.	TELIEN	/OH AD	E INCLE	IDING A	TTACHI	MAENITS	E DO NO	OT INC	LUDE	ΔΝΥΤ	HING	THAT F	BEARS Y	OUR S	SOCIAL	SECUR	ITY NI	MRFR	OR FI	NAN	CIAL	ACCOU	INT NI	MBER
		007.11																						
3	STAT	us c	heck ap	plicable f	olock or	blocks	, more t	han on	e block	. may	be ma	rked. (S	See instru	ctions	on page	2)							Check	this
	А	Са	ndidate	(includin	a write-	in)	c 🔀	Public	: Officia	al (Cu	rrent)	ם	Publ	ic Emp	oloyee (C	Current)	Ε		heck t	this b	lock		block i	
	В		minee	(9		с□		c Officia			ا م		•	olovee (I				you a s a so					ending jinal fili
										····							123							
4	PUBL	IC POSI	TION O	R PUBL	IC OFF	ICE (ac	dministra	ator, me	mber,	Comr	nissior	ier, job	title, etc.	<u>' L</u>	seeking		لكيا	hold			held			
	00	> lu	1	$\tau \mid \forall$		0	ON	1 4		15	5	()	0 4	E	L.									
L				<u> </u>				<u>'</u>	1	L	1							J	L					
_												,		؛ لــا	seeking			hold	<u> </u>		held	· · · · · · · · · · · · · · · · · · ·		
L	1		ــلـــــــــــــــــــــــــــــــــــ			<u> </u>				1	<u> </u>		1											
5	GOVE	RNMEN	TAL EN	TITY in w	hich you	ı are/we	ere an Of	ficial, Er	nployee	e, Can	didate	or Nomi	nee (e.g.,	dept, a	igency, a	uthority, I	corough	, board	, comn	nissio	n, coun	ty, scho	ol distr	ct, twp,
Γ				\overline{a}	M		0	7	7	0	Th.	N	TV					T						
L	$M \mid C$) N		60	/ / / /	6		<u> </u>		10	100	101	' /	<u> </u>			i	٠			<u> </u>			
Г			Т		\top				_	Τ	T	Г		T				T	[<u> </u>			
L										<u> </u>								<u> </u>		<u> </u>	<u> </u>			
<u> </u>	OCCI	IDATIO	N OP P	ROFESS	ION (TI	his max	, he the	same :	s bloc	k 4\		Ī	07 YEAI	R SE	E INST	RUCTIO	NS.							
	1.	, L	_ /	• ,	/		> 10	er		` ',			Infor		in Block			nts		2	0	,	7	
	(01	int	7 (sm	m / -	771	0 -)								or the ca				ə: [<u>ˈ</u>		0	<i>t</i> '	7	
— В				RESTS (1571											
	Name:										Auc	dress:												
																				=+				
0	DIREC	CT OR IN	IDIREC	r sour(ES OF	INCOM	IE includ	ing (but	not lim	nited to) all er	mploym	ent. (See	instruc	tions on	pg. 2) (ONLY IF check t	: NONE his blo	ck.	٦	(OI	FICIAL	USE	ONLY)
		.1.	ált í	1	^		,	1.		-			101 -	1.00	uda									
	Name:	Mei	The P	ynch	141	UCSM	reyt	[& &	-our	L !	Add	dress:	(01 +	**		16	2 4	,				~ >		
													/ /-		* *	ι ,	الد					C-2-3	F	9,14
1	GIFT	<u> </u>																						-
		o (See	instruction	ons on p	age 2)	If NO	NE, che	ck this	box.	N														** !
	Sourc	s (See e of Gift	instructi	ons on p	age 2)	If NO	NE, che	ck this	box.	M											Val	ue of Gif	1	- 1
ſ	Sourc		instructi	ons on p	age 2)	If NO	NE, che	ck this	box.	<u> </u>								-			Val	ue of Gif	†	- !
		e of Gift		ons on p	age 2)	If NO	NE, che	ck this	box.	⊠ ⊠								no descr	ب	of Gift	Val	ue of Gif] [
				ons on p	page 2)	If NO	NE, che	eck this	box.	3						nstances		ig descr	ب	of Gift	Val	Gir Gir		
2	Address	e of Gift	e of Gift												Circur	nstances		ng descr	ب		Value	P:		1 · · · ·
2	Address	e of Gift s of Source	e of Gift	, LODGI									ONE, ch		Circur	nstances		ig descr	ب] 		line.
2	Address	e of Gift s of Source	te of Gift	, LODGI											Circur	nstances		ig descr	ب			P:		1 · · · ·
2	Address TRAI Source	e of Gift s of Source NSPOR*	TATION	, LODGI	NG, HO	DSPITA	LITY (S	See inst	truction	ns on t	page 2) If N	ONE, ch	eck thi	Circur	nstances	(includir		ب		Value	7-3 PH 1: 06		1 E
	TRAI Source	e of Gift s of Source NSPOR' (Name	TATION and Addr	, LODGI	NG, HO	DSPITA	ALITY (S	See inst	truction	ns on p	page 2) If N	ONE, chi	eck thi	Circur	nstances	(includir	.x.	ption) c		Value	7-3 PH 1: 06	(i.e. off	1 · · · ·
	TRAI Source	e of Gift s of Source NSPOR' (Name	TATION and Addr	, LODGI	NG, HO	DSPITA	ALITY (S	See inst	truction	ns on p	page 2) If N	ONE, chi	eck thi	Circur	nstances	(includir	.x.	ption) c		Value	P On Held	(i.e. off	1 E
	Address TRAI Source OFF Busin	e of Gift s of Source NSPOR e (Name ICE, DIR ness Enter	TATION and Addr	RSHIP, OI e and Add	R EMPL tress)	OSPITA OYME	ENT IN A	See inst	USINES	as on p	page 2	truction	ONE, chi s on pag South	eck thi	Circur is box.	check	this be	in ph	ption) s	3 4	Value	on Heldi	(i.e. off	icer, dire
13 4c	Address TRAI Source OFF Busin Name	NSPOR (Name (N	TATION and Addr	RSHIP, OI e and Add	R EMPL tress)	OSPITA OYME	ENT IN A	See inst	USINES	as on p	page 2	truction	ONE, chi	eck thi	Circur is box.	check	this be	in ph	ption) s	3 4	Value	on Heldi	(i.e. off	1 E
13 4c	Address TRAI Source OFF Busin Name	NSPOR (Name (N	TATION and Addr	RSHIP, OI e and Add	R EMPL tress)	OSPITA OYME	ENT IN A	See inst	USINES	as on p	page 2	truction	ONE, chi s on pag South	eck thi	Circur is box.	check	this be	in ph	ption) s	3 4	Value	on Heldi	(i.e. off	icer, dire
12 13 4c	Address TRAI Source OFF Busin Name	NSPOR (Name (N	TATION and Addr	RSHIP, OI e and Add	R EMPL tress)	OSPITA OYME	ENT IN A	See inst	USINES	as on p	page 2	truction	ONE, chi s on pag South	eck thi	Circur is box.	check	this be	in ph	ption) s	3 4	Value	on Heldi	(i.e. off	icer, dire
13 14	OFF Busin Name	NSPOR e (Name CE, DIR ness Ent	RECTOR tity (Nam	RSHIP, OI e and Add occid with Alexanders	R EMPL tress) Laran Valle	OSPITA OYME	ENT IN A	See inst	PSINES Of Co.	is on p	page 2	If Notice truction to the second seco	ONE, chi s on pag South	eck thi	Circuris box.	check	this be	eck th	ption) q	34) ×. ×.	Positi	on Heldi	(i.e. off	icer, dire
 13 14	Address TRAI Source OFF Busin Name FINA Name	NSPOR e (Name CE, DIR ness En NCIAL NCIAL	RECTOR tity (Nam	RSHIP, OI e and Add CALL CALL ST IN Al usiness	R EMPL tress) Laran Valle	OSPITA OYME	ENT IN A	See inst	PSINES Of Co.	is on p	page 2	If Notice truction to the second seco	S on pag	eck thi	Circuris box.	check	this bo	eck th	s box	×. Exest Hel	Value	on Heldi	(i.e. off	icer, dire
113 114 115	OFF Busin Name Bus Busin Trans	e of Gift S of Source NSPOR e (Name CE, DIR ness Ent NCIAL e and Add INESS I ess (Name	RECTOR AND	RSHIP, OI e and Add Add Address STS TRA	R EMPL tress) Larray VC.//e	OSPITA OYME J. J	ENT IN A MITTER IN	See inst	SINES OF COLOR	SSS (S	page 2	If Notice truction to the second of the seco	S on pag	eck thi	Circur is box.	check	this be	eck th	is box	x. x. sst Helionshi	Positi emple	on Held o	(i.e., off	icer, dire
13 Mc	OFF Busin Name BUS Busin Trans	e of Gift s of Source NSPOR e (Name (Nam (Name (Name (Name (Name (Name (Name (Name (Name (Name	RECTOR tity (Nam SINTERE iress of Bi	RSHIP, OI e and Added STATE Address)	R EMPL dress) Save Volle NY LEG	OSPITA OYME O'ME O'ME	ENT IN A WINTER TO IMMI	See inst	SINES F	SS (S	page 2 iee institution of the page 2 PROFITEMBE) If Not truction Vi. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ONE, chi	eck thi	Circur is box. f NONE page 2)	check PL, If NO	this bo	eck th	is box	x. X. Seist Holiston	Positive employed do	on Held distribution b	(i.e., off	icer, dire
13 */c:	OFF Busin Name BUS Busin Trans	e of Gift s of Source NSPOR e (Name (Nam (Name (Name (Name (Name (Name (Name (Name (Name (Name	RECTOR tity (Nam SINTERE iress of Bi	RSHIP, OI e and Added STATE Address)	R EMPL dress) Save Volle NY LEG	OSPITA OYME O'ME O'ME	ENT IN A WINTER TO IMMI	See inst	SINES F	SS (S	page 2 iee institution of the page 2 PROFITEMBE) If Not truction Vi. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	S on pag	eck thi	Circur is box. f NONE page 2)	check PL, If NO	this bo	eck th	is box	x. Sest Helionshi Transis f, said.	Positive employed of the property of the prope	on Held of the street Held ((i.e., off	icer, dire
13 %c: 14	OFF Busin Name BUS Busin Trans	e of Gift s of Source NSPOR e (Name (Nam (Name (Name (Name (Name (Name (Name (Name (Name (Name	RECTOR titly (Nam LinterElieress of Britishe and Adame a	RSHIP, OI e and Added STATE Address)	R EMPL freess) Carr Valle NY LEG	OSPITA OYME O'ME O'ME	ENT IN A WINTER TO IMMI	See inst	SINES F	SS (S	page 2 iee institution of the page 2 PROFITEMBE) If Not truction Vi. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ONE, chi	eck thi	Circur is box. f NONE page 2)	check check ledge, in	this bo	eck the	is box Interested to believe the control of the con	x. x. sit Helionshii Transis S. \$1	Positive employed of the property of the prope	on Held distribution b	(i.e., off	icer, dire

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

BALACKI	FIRST NAME MI SUFFIX A L E X A N D E R 5
02 AD	
NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked	(Pop instruction on com 2)
1,000	Public Employee (Current) E Check this block if you are smending
B Nominee C Public Official (Former)	Public Employee (Former) if you are filing an original filing as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, J	ob title, etc.) seeking hold held
В	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Condition or No	minee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp. etc.)
AFIRST DEPORTY CU	IRIONER
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
Medicology Touth Investigation	Information in Blocks 6 -15 represents disclosure for the calendar year listed here 2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ox. 🔀
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON!	E, chuck this box.
Name Great Lakes Educational Address	P.O. Box 7860 Inforest Rate
Loan Services, Inc.	Madison, WI 53707 6.675/
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY IF NONE, Chuck this block. (OFFICIAL USE ONLY)
Name Montgomery County Address	(iv. Box 311)
	Norristorm, PA 19401 3 3
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Office
Address of Source of Giff	Circumstances (sixtuding description) of GR
12 TRANSPORTATION, LODGING, HOSPITALITY (See Instructions on page 2) If	NONE, check this box. Value
Source (Nama and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Aukrosa)	ons on page 2) If NONE, check this box. Position Hold (i.e. officer director employee etc.)
Name: Address.	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (So Name and Address of Business	a instructions on page 2) If NONE, check this box. Interest field (i.e. 5%, 10% vic.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ge instructions on page 2) If NONE, check this box.
Business (Nanny and Address)	Interest Meld Relationship
Transferoe (Name and / The undersymed hereby at	Deta Transferred Said person's knowledge, information and belief, said affirmation being made subject
to the panalties prescribed	Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b).
Signature	
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	Enter Current Date S

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY	
01 LAST NAME MI SUFFI	× 7
Barnes Todd DN	
22 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone	····
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER	ERS.
3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this	
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block are amend if you are filing an official	Ing
B Nominee C Public Orient (Follow)	
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, commenced)	
A A S S i S t a n t D A S S S i S t a n t D A S S S i S t a n t D A S S S i S S i S t a n t D A S S S S i S S i S t a n t D A S S S S i S i S	}
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, to	wp, etc.)
Montgomery County	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
Assistant DA Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 8	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: College Loan Corporation Address: 10000 W. Charleston Blvd, Las Vegas, NA	
(See instructions on pa 2) ONLY IF NONE (OFFICIAL USE ON	LY)
Name Montgomery County - Courthouse-4th Floor PO Box 311, Norristown, PA 19404-0311 1080 N Delaware Ave, Phila PA	
11 GIFTS (See instructions on page 2) If NONE, check this box.	guille - a rechargement
Source of Gift	
Address of Source of Gift Circumstances (Including description) of Gift	E
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	- H
Source (Name and Address)	
Position Held (i.e. officer	director.
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Director	1. 0. = 3 1. 7 175 1
Name Eternal Life Music, Inc., 1227 Markley St. Ntn, PA Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Head-6, e. 5%, 10	5%; 6 tc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business	. es
MEANING (See instructions on page 2). If MONE check this box.	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Relationship	
Business (Name and Address) Relationship Date Transferred Transferred (Name and Address) Transferred (Name and Address)	fe subje
Business (Name and Address)	ie subje

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME MI SUFFIX
	BARTUSIS ERANCIS X JR
02	State Zip Code Area Code Phone
NOT	E: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor Check this block if you are filing as a solicitor criginal filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
A [DETENTION SUPERVISOR
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.)
A [MONTGOMERY COUNTY YOUTH CENTER
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
(Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
03	Name: Department of Education Address: P.O. Bux 530210
	terlloga Servicia) Afterta GA Sous Cato
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name: County of Montgomery Address: 425 Swede st.
	P.O. Box 311 Norristown, PA 19404-031
11	GIFTS (See instructions on page 2) If NONE, check this box.
į	Source of Gift
	Circumstances (including description) of Gift
	Address of Source of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
[Source (Name and Address)
Ĺ	Perpon Held (Fig., Officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Institutions on page 2) In NORE, pinesk and Business Entity (Name and Address)
	Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
14	Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Relationship
_	Date Transferred
The to ti	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject the penalties prescribed Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Enter Current Date 4 10 18
	Signature

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME	MI SUFFIX							
	BATMAN	DAWN	<u> </u>							
02	City.	State Zin Code	Area Code Phone							
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.							
03	STATUS Check applicable block or blocks, more than one block may be marked A Candidate (including write-in) C Public Official (Current)	D X Public Employee (Current) E Check this								
	B Nominee C Public Official (Former)	D Public Employee (Former) if you are as a solici								
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking hold	held							
A	SUPERVISOR									
í		seeking hold	held							
В										
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e.g., dept, agency, authority, borough, board, commiss	sian, county, school district, twp, etc.)							
A										
В										
06	OCCUPATION OR PROFESSION (This may be the same as block 4) SUPERVISOR	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 7							
80	8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.									
	NONE									
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	IE, check this box.	Interest Rate							
	Name: Address	3'	ingerest vale							
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not fimited to) all emplo	oyment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)							
	Name: Morritgomery Country Address									
	N.	6 P.O. Box 311 6 Cristown PA 19404								
11	GIFTS (See instructions on page 2) If NONE, check this box.	P	Value of Gift							
ſ										
Ì	Address of Source of Gift	Circumstances (including description) of G	ift							
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	f NONE, check this box.	Value							
ž v. c. com	Source (Warre and Access)									
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)	ions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)							
	Name: Address:									
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	ee instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)							
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Statement of the Statement of th	See instructions on page 2) If NONE, check this box. Interest H Relations								
	Transferee (Name and Address)	Date Tran	nsferred							
	undersigned hereby affirms that the foregoing information is true and correct to the e penalties prescri	best of said person's knowledge, information and belief, said the Public Official and Employee Ethics Act, 65 Pa.C.S.	\$1109(b).							
	Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	VE IS NOT COMPLETED. MAKE A COPY FOR YO	DUR RECORDS.							

STATEMENT OF FINANCIAL INTERESTS

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

01	B & a n	T a S D n	MI SUFFIX
02	<u> </u>	3 9 5 0 N	
NO.	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER	OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked		Check this block if you
		if the second se	heck this block you are filing are amending s a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	ob lille, etc.) seeking Nold	held
Α -	Internal Audit	Manager	
r		Seeking Dhold	held
В			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board,	commission, county, school district, twp, etc.)
Α	County of Montg	onery PA	
в			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
	Internal Andit Manager	Information in Blocks 8 -15 represents disclosure for the calendar year listed here	2017
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ox. 🔽	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	e, check this box.	Internal Fire
	Name: Address		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)
		check this bloc	
	Name: Address:		9
11	GIFTS (See instructions on page 2) If NONE, check this box.		The among
Г	Source of Gift		Value Grift
	ddress of Source of Gift	Circumstances (including descript	ion) of Gift
	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box. 🔀	Value
		The same of the sa	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)		employed, etc./
	Name: Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	e instructions on page 2) If NONE, check this	box. Interest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business		
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	· · · · · · · · · · · · · · · · · · ·	Transaction
	Business (Name and Address) Transferee (Name and Address)	i F	nterest Heid Relationship
The u	maistere (want and widness) indersigned hereby affirms that the foregoing information is true and correct to the b- penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and	est of said person's knowledge, information and b	Date Transferred elief: said affirmation being made subject a.C.S. §1109(b).
	Signature	Enter Current D	4/20/10
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV		

STATEMENT OF FINANCIAL INTERESTS

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

BECK	FIRST NAME MI SUFFIX A NNER
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	
A Cardinate (moderns trive	Public Employee (Current) Public Employee (Former) Public Employee (Former) E Check this block if you are filing as a solicitor Check this block if you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, je	ob title, etc.) seeking W hold held
A [H] S S S S S N N N N N	
В	
	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N	
В	
OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTANT DISTRICT AHOUNEY	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	box. 🔼
D9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	
DAS Office Non	1. P.O. BOX 1. Vistown PA 19404-0311
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	varre of Gift
	Given a topographic of General secretarity of
Address of Source of Gift	Circumstances (including description) of Cift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) I Source (Name and Address)	If NONE, check this box. Value O
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)	tions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name: Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	Relationship Date Transferred
Transferee (Name and Address)	Coto Francisco
The undersigned uthorities) and to the penalties pr	best of said person's knowledge, information and belief; said affirmation being made subject and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Enter Current Date

LAST NAME

STATEMENT OF FINANCIAL INTERESTS

FIRST NAME

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

SUFFIX

3	£	E	5	0	N				<u> </u>	<u></u>			<u>.</u>	_	Λ	i	-	h) [0	<u>\ </u>		<u> </u>			-		
		·																										
ΓE:	IF YOL	ARE	INCLU	DING	G ATT	ACH	MENT	S, DC	NOT	INCL	UDE A	ANYT	HING	THAT	BEA	RS YC	UR SO	CIAL S	ECURI	TY NU	MBER	ORF	INAN	CIAL	ACCO	UNT	NUMB	ERS
	ATUS										<u>-</u>							n page :									ck this	
	a 🗀	Can	lidate	(inclu	ıding ۱	write-i	in)	С	☐ P	ublic	Officia	al (Cur	rent)	D		Public	Emplo	yee (Cı	rrent)	E		Check f you a	this b	lock		bloc	k if yo amend	u
	в [Nom	nee					С	☐ P	ublic	Officia	al (For	mer)	D		Public	Emplo	yee (Fo	rmer)			as a so				an c	riginal	filin
PU	BLIC I			— Т	Y		,		istrato	r	mber,	Comn	nission	ner, jol	b title	etc.)	88	eking	<u> </u>		hold			held	.		I I	
4	5	5	<i>i</i> ,	5	+	A	N	7		D	J	5	4		i	-	7	4	7 1	1	0		<u> </u>	٤	1			
	,							T	, -··-·	1	T		,	r			Se se	eking	,		hold	T		held	1			
																<u></u>					<u> </u>	<u> </u>						
GC	VERN	MENT	L EN	птү	in whic	h you	are/w	ere an) Officia	al, Em	ployee	e, Cano	didate o	or Non	ninee i	(e.g., d	ept, age	ncy, aut	hority, b	orough	, board	d, comm	nission	n, coul	nty, sch	ool di	strict, tv	vp, e
M	0	N	т	G	0	М	Е	R	Y		С	0	U	N	Т	Y				T	T							
	,				\			<u> </u>	1	·	1	,		1	1					<u> </u>	1	Τ		T				
_								<u> </u>				<u> L</u>		<u> </u>		<u></u>			<u> </u>		<u> </u>	<u> </u>		<u> </u>				
OC	CUPA	TION	OR PE	ROFE	SSIC	N (Th	is ma	y be t	he sa	me as	block	(4)						INSTR				г						
	6	w	νe			1	1 D	A	1	New	44		su d	lan				Blocks the cale				e: _	2	0	1	7		
	REDITO	ORS (S	ee ins	tructi	ions o	n pag	e 2). (Credit	tor (Na	ame a	nd Ad	dress) If N	IONE,	, chec	k this	box.	54	. , .	5W)			Inter	rest Raf	te		- -
Nar	me:	U:	<u> </u>) L	pł	_ {	لمري	ve.	at	· in	>		Add	iress: ,	55. VA	7	\Z**	SH DC ons on p	g. 2) C	NLY IF	NON	<u>.,</u>	_	•	7.	2	5	7/ (Y)
Nar	me:	U:	<u> </u>) L	pł	_ {	لمري	ve.	at	· in	>		Add ———————————————————————————————————	iress: ,	55. VA	7	\Z**		g. 2) C		NON	E, ock. [•	<u>7.</u>	2	and the state of	Ē
DIF	ne:	OR INC	IRECT	· sou	P t	S OF I	NCOM	ME inc	etuding	(but r	not lim	ited to	Add ———————————————————————————————————	nployn	55. VA	7	\Z**		g. 2) C	NLY IF	NON	юк. <u>[</u>		(0)	7. FFICIA 2010 AI	2 LUS		Tr.
DIF	ne:	OR INC	IRECT	· sou	P t	S OF I	NCOM	ME inc	etuding	(but r	not lim	ited to	Add ———————————————————————————————————	nployn	55. VA	7	\Z**		g. 2) C	NLY IF	NON	юк. <u>[</u>		(0)	7. FFICIA 2010	Z US	and the state of	Tr.
Nar Dif	ne:	See in:	IRECT	· sou	P t	S OF I	NCOM	ME inc	etuding	(but r	not lim	ited to	Add ———————————————————————————————————	nployn	55. VA	7	struction		g. 2) C	NLY IF	NONI	ck. [(0)	7. FFICIA 2010 ARG	Z us	The second secon	Tr.
Nar DIF Nan Gill Sou	RECT (See ins Gift	IRECT	· SOL	JRCE:	e 2)	IF NO	ME inc	check	this t	box.	ited to	Add Add	nployndress:	SSi VA nent.	(See in	nstruction	ons on p	g. 2) C	NLY IF	NONI	ck. [of Giff	(O	7. FFICIA	L US		The state of the s
Nar Nar Son Addr	RECT (See ins Gift	IRECT	SOL SOL	JRCE:	e 2)	IF NO	ME inc	check	this t	box.	ited to	Add Add	nployndress:	SSi VA nent.	(See in	nstruction	ons on p	g. 2) C	NLY IF	NONI	ck. [of Giff	(Ol	7. 20 0 A C C C C C C C C C C C C C C C C C	L US	Table of the state	The second secon
Nar Nar Son Addr	me: FTS (Surce of Surces of Stansfer	See ins Gift	IRECT	SOL SOL	JRCE:	e 2)	IF NO	ME inc	check	this t	box.	ited to	Add Add	nployndress:	SSi VA nent.	(See in	nstruction	ons on p	g. 2) C	NLY IF	NONI	ck. [of Giff	(Ol	7. FFICIA	L US		The state of the s
Nar Nar Soo OF	RECT (me: FTS (: urce of : RANSF urce (N	DR IND See in: Gift CORTA	TION, Address	cons o	IRCES	e 2)	If NC	ME inc	check	this t	box.	s on p	Add Add Add age 2)	mployn If N	nent.	(See ii	nstruction	ons on p	g. 2) C	heck t	g descr	ck. [of Giff	Var Value	7. 20 0 A C C C C C C C C C C C C C C C C C	2 L US		1
Nan Nan Sol	me: RECT (me: FFTS (: ress of S RANSF urce (N	DR IND See in: Gift CORTA	TION, Address	cons o	IRCES	e 2)	If NC	ME inc	check	this t	box.	s on p	Add Add Add age 2)	mployn dress:	nent.	(See ii	nstruction	Circums	g. 2) C	heck t	g descr	ck. [of Giff	Var Value	7. 20 GA A PORTO A POR	2 L US		1
Nar	RECT (me: FTS (: urce of urce (N EFFICE, ssines: NANCE	DR IND See in: Source in: DORTA	tructicut of Gift TION, 3 Addre	SOL LOCALIST SHIP I and A	DGING OR E	S OF I	If NC	ME inc	check	this t	box.	s on p.	Add Add Add Add Add Add	If N	nent.	(See ii	nstruction	Circums	de la companya de la	heck t	g descr	iption) o	of Giff	Value Positi emplo	7. 20 GA A PORTO A POR	L US	officer, c	irecto
Nar Nar Gill Soo Addr TR So OF Bu	me: RECT (me: FTS (: urce of variety of RANSF RECT (N RECT	DR IND See in: Source in: DORTA	tructicut of Gift TION, 3 Addre	SOL LOCALIST SHIP I and A	DGING OR E	S OF I	If NC	ME inc	check	this t	box.	s on p.	Add Add Add Add Add Add	If N	nent.	(See ii	nstruction	Circums	de la companya de la	heck t	g descr	iption) o	of Giff	Value Positi emplo	7. PFFICIAL 2000 A PARTIE CONTROL CONT	L US	officer, c	irecto
Nam Olf Nam Addr TR So Olf Bu Nam Nam Fill Nam Nam Nam Nam Nam Nam Nam N	RECT (RE	DR IND See in: Gift CORTA DIRE E Entity Address	IRECT IRECT IN Gift TION, A Addre (Name (Name FERES	SOL Dons o	n pag	e 2)	IF NO	ME inc	check (See	this t	box.	s on p.	Add Add Add Add Addr	If N	nent.	, chec	ek this i	Circums ONE, c	lances (his bo	g descr	iption) (John Sitt	Value Positi emplo	7. PFFICIAL 2000 A PARTIE CONTROL CONT	L US	officer, c	irecto
Narr Narr Soi Addr TR So OF Bu	RECT (RE	DR IND See in: Gource CORTA Adams an DIRE Entity IAL IN	IRECT Intruction If Gift TION, If Address (Name	CODE SOLUTION OF S	n pag	e 2)	IF NO	ME inc	check (See	this t	box.	s on p.	Add Add Add Add Addr	If N	nent.	, chec	ek this i	Circums	lances (his bo	g descr	is box	of Giff	Value Positi emplo	7. PFFICIAL 2000 A PARTIE CONTROL CONT	L US	officer, c	The state of the s
Nam Olf Nam Addr. Addr. Nam Plus Nam Bu B	me: RECT (me: FTS (: urce of of other of other of other	DR IND See in: Gift CORTA Adams an Address SS IN' (Name -	IRECT Intruction If Gift TION, Address (Name FERES and Address and Address	LOE sss) SHIPP and A stress) ddress	OGING OGING Addres	e 2) EMPLC EMPLC LEGA	IF NO	ONE, C	check (See	this t	box.	s on p.	Add Add Add Add Addr	If N	nent.	, chec	nstructions struction stru	Circums ONE, c ge 2) knowle	tances (NLY IF heck t	g described the second and another second and another second and another second a	iption) (x. el	Value Position emplo	7. PFFICIAL 200 PM	2 US	officer, c	irecto
Nam Olif Nam Addr TR So Olif Bu Nam Fili Nam Und	me: RECT (me: FTS (: urce of EFICE, ssiness MANCE NANC NANC SINE	DR IND See in: Gift CORTA Address SS IN (Name et (Name et de here)	IRECT IRECT Of Gift TION, Addre CTOR: (Name FERES S of Bu FERES and Addre and Addre	SOL LOCAL STATE OF THE STATE OF	n pag	e 2) EMPLO EMPLO LEG/	IF NO	ME inc	theck (See	this t	box.	s on p.	Add Add Add Add Addr	If N	nent.	, chec	nstructions struction stru	Circums ONE, co ge 2)	tances (NLY IF heck t	g described the second and another second and another second and another second a	iption) (x. el	Value Position emplo	7. PFFICIAL 200 PM	2 US	officer, c	irecto
Nam Nam Gill Son Addr TR So Nam Nam Fill Na Bu und	RECT (me: FTS (: urce of EFICE, Isiness MANCE MAN	DR IND See in: Gift CORTA C	TION, Address of Bu ERES and Adoby affiribed e	SOLUTION OF SOLUTI	OGING OGING Address AANY S RAN: ANY	e 2) MPL(MPL(SFER	IF NO	DNE, C	check (See	this this true instru	DOX.	s on p.	Add age 2) age 2) Addrawa Ad	If N If N R (See	nent.	(See ii	ek this I	Circums ONE, c ge 2) knowle	heck t If NON	NLY IF heck t	g descri	Is box Interest Relationate of believed. Date Date	x. Parameter and the state of t	Value Positi emplo	FFICIA 120 120 120 120 120 120 120 12	L US	officer, c	irecto

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME FIRST NAME	MI SUFFIX
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER	R 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
A Candidate (including windship)	Check this block if you are filing as a solicitor are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
* OFFICE OF PUBLIC HEALTH	NUTSE
seeking hold	held
В	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board	d, commission, county, school district, twp, etc.)
^	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
Public Health Norse Information in Blocks 8 -15 represents disclosure for the calendar year listed her	re: 2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address:	Interest Rate
Name: Address.	
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE check this block t	ock II
Name Marthant of Health Address 101 VOEK Rd.	N 10404
4 HUMAN SETVICES OFH WITTOWGTOUS	PA-19696
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)	nption) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	Value
Source (Hamilia Bill Malacas)	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)
Name: Address:	tie hov. Thatterest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check th Name and Address of Business	is box. Therest Heid (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check to	his box.
Business (Name and Address) Transferee (Name and Address)	Interest Held Relationship Date Transferred
The undersigned hearth affirms that the foregoing information is true and correct to the best of said person's knowledge, information and to the penalties pre	d belief; said affirmation being made subject
Signa Enter Current	Date 4/15/18
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY	7 1

STATEMENT OF FINANCIAL INTERESTS

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

Δ4	1.207.114.116	CIRCT MAAR
01	BEVINGTON	JEFFREY T
02	ADDRESS office (business or governmental) or home City	_State Zip Code Area Code Phone
	ADDICES DIRECTIONS OF STATE OF	
NO	OTE: 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.	[_] Check this
	A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) E Check this block if you are filing as a solicitor Check this block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob litte, etc.) seeking hold held
A [
.		seeking hold held
В		
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Α [MONTGOMERY COUN	TY HIGHER EDUCA
в	TION AND HEALTH	AUTHORITY
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
	RETIRED	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 8
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	ух. 🔀
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	check this box.
	Name: Address:	interest Rate
	Name: Address:	Interest Kate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	
10		ment. (See instructions on pg. 2) ONLY IF NONE
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address:	ment. (See instructions on pg. 2) ONLY IF NONE
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ONLY IF NONE
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: GIFTS (See instructions on page 2) If NONE, check this box.	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift O	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: Address: Address of Gift Address of Source of Gift Address of Source of Gift	nent. (See instructions on pg. 2) ONLY (F NONE, check this block. (OFFICIAL USE ONLY) Value of Gift Circumstances (including description) of Gift
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift O Address of Source pt Gift	nent. (See instructions on pg. 2) ONLY (F NONE, check this block. (OFFICIAL USE ONLY) Value of Gift Circumstances (including description) of Gift
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: Address: Address: Address of Gift: TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	nent. (See instructions on pg. 2) ONLY (F NONE, check this block. (OFFICIAL USE ONLY) Value of Gift Circumstances (including description) of Gift
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: Address: Address: Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name arts Address)	NONE, check this box. Value
11 12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Piddress) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions)	Value of Gilt Circumstances (including description) of Gilt Value Value Value Value Value Position Held (i.e., officer, director,
11 12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ. Name: Address: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift O Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction business Entity (Name and Address)	NONE, check this box. Value Value of Gift Value Value Value Value Value Value Position Held (i.e., officer, director, employee, etc.)
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ. Name: Address: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift LO TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Piddress) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity-Name and Address) Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	Value of Gilt Circumstances (including description) of Gilt Value Value Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.)
11 [DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Address: Address: Address: Address: Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction business Entity (Name and Address) Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction Business of Business of Business (Name and Address)	Value of Gift Circumstances (Including description) of Gift NONE, check this box. Value Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.) Interest Held (i.e., 5%, 10%, etc.) Interest Held (i.e., 5%, 10%, etc.)
111	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs the second of the se	Value of Gilt Circumstances (including description) of Gilt NONE, chack this box. Value Value Value Value Value Value Interest Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.)
111	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs the second of the se	Value of Gilt Circumstances (including description) of Gilt Value Interest Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.) Interest Held Relationship Date Transferred past of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
111	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs the second of the se	Value of Gilt Circumstances (including description) of Gilt NONE, chack this box. Value Value Value Value Value Value Interest Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.)

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME ΜI SUFFIX B NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) Candidate (including write-in) C Public Official (Current) Check this block are amending if you are filing D Public Employee (Former) an original filing C Public Official (Former) as a solicitor No hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking hold held 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.) В 07 YEAR OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS Information in Blocks 8 -15 represents Principal Planner 2 0 disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address PO BOX 7860 Madison WI 53707 Name: GROUT LOKES 6.55% POBOX 9500 WILKES-BOTTE PAISTIB Navient (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Address POBOX 311 NOCCISTUMA PA19404 Name Montgomery County GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Giff Address of Source of Gift If NONE, check this box. TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) 12 Source (Name and Address) Pösition Held (i.e., officer, director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) employed Etc.) Business Entity (Name and Address) ootwaanig Court deposits Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. is box. X 15 Business (Name and Address) Relationship Date Transferred Transferee (Name and Address)

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

Enter Current Date

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

Signatur

STATEMENT OF FINANCIAL INTERESTS

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

Supply S		
NOTICE IT YOU ARE INFOLIDING A TOCHMENTS IND NOT INCLUDE ANY THINNO THAT REARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS OF STATUS Check applicable bock or blacks, more than or blook may be marked. (See instructions on page 2) A Consideration (including within) C Politic Control (Control) D Politic Engages (Control) E Concept this block if you set this b	01	P > R + A
NOTE: 8 YOU ARE INCLUDING ATTACHMUNTS, DO NOT INCLUDE ANY FINISH THAT SEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. 03 STATUS Check applicable block of blocks, more than one block may be marked (See instructions on page 2) A Candidate (including writerin) A CANDIDATE OF PUBLIC OFFICE (administrator, member, Commissioner). ID Public Employee (Commer) B Nominies C PUBLIC OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OF PUBLIC OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OF PUBLIC OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OFFICE (administrator, member, Commissioner), job 918, otc.) seaking hold held D NOMEN OFFICE (administrator), job office off		
STATUS Check agolicable block or blocks, more than one block may be marked. See instructions on page 2) A Candidate senduring with-with C Public Official (current) D Public Employee (current) E Greek this block as a solicitor. Public Postrion OR Public OFFICE (aniministrator, marriser, Commissioner, per bitte, etc.) Public Employee (current) E Greek this block as a solicitor. Public Postrion OR Public OFFICE (aniministrator, marriser, Commissioner) per bitte, etc.) seeking hold hold hold hold hold hold hold hold	02	
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E S as addition of the black of flyou and first black of flyou and flyou and flyour	NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job 316, afc.): seeking hold held Note	03	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing an original filing
A MOON HERO MERCY HEALTH DEP Hold seeking hold held held held seeking hold h	04	young from print
GOVERNMENTAL ENTITY in which you arower an Official. Emotyce Candidato or Namice (e.g., dapt, agonty, authority, burough, board, commission, country, school statical, two, etc.) A OW HE REACH WO REPORT OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CANDIDATE OF THE CHARLES OF THE CHAR	A [MONTGOMERY HEALTH DEPT
A OLUF REACH WO OR RELIGIOUS OF PROFESSION (This may be the same as block 4) OF VEAR SEENSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the catendar year listed near. OB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. DEPARTMENT OF HOME (See instructions on page 2) If NONE, check this box. Interest Rate; Name. Address. 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this block. Name. Address. 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this block. Name. Address. 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this block. Name. Address. 10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE, check this block. Name. Address. Value of Oil. Value Source yours and Address. Address.	В	
OCCUPATION OR PROFESSION (This may be the same as block 4) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Rafe 1 Address. 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. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Interest Rafe 1 Address. 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. 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. 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. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. OFFICE, DIRECTORSHIP OR EMPLOYMENT	05 A	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.) Outer Reference and Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.)
OFFICE DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Rate Concurrence Concurre	в	
CREDITORS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Interest Rate	06	OCCUPATION OF PROFESSION (This may be vie same as block 4)
OREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Name Address Add		Wheach Worker disclosure for the calendar year listed here: 2018
Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Name:	80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Name:	00	CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
Address: 10 2407K Pd Willow Grow, PA 19 29 C Source of Git Address of Source of Git Circumstances (including description) of Git Value of Git Address of Source of Git OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Name. Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Position Held (i.e., 5%, 10%, etc.) 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Position and Address (Name and Address) Transfered (Name and Address) Transfered (Name and Address) Transfered (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 20 C S \$43004 (Inspector faisification to authorities) and the Public Official and Employee Ethics Act, 65 Pa. C. S. \$119(b). Signature — Enter Current Date	us	Address:
Name HHS OPH Address: 10 240 FC PAIR FC Willow 6 Fove PAIR 9 C Transportation, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Value of Gift Transportation, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Value Value Transportation, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) Address Address If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business Business (Name and Address) Transferee	10	DIRECT OR INDIRECT SOURCES OF INCOME INCOME INCOME INCOME INCOME INCOME INCOME INCOME.
11 GIFTS (See instructions on page 2) If NONE, check this box. Address of Source of Gift		LILE - DALL 10 ZUNK Pd
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. Position Held (i.e., officer, director, employee, etc.) Position Held (i.e.,		Willow Grove, PA 19890
Address of Source of Gift 12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	11	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value		
Source (Name and Address) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Position Held (i.e., officer		Address of Source of Gift Circumstances (including description) of Gift
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Position Held (i.e., officer, director, employee, etc.)	12	
Dusiness Entity (Name and Address) Name: Address Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. If NONE, check this box. Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa C S \$4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Signature Enter Current Date Enter Current Date		Source (Name and Address)
Name: Address: 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 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) Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa C S \$4004 (unsworm faisification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Signature	13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, Check this box. (
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 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) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa C S \$4804 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Signature		Address
Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa C.S. \$4904 (unsworm faisification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Signature	14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa C S \$4904 (unsworm faisification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). Signature	15	Business (Name and Address)
to the penalties prescribed by 18 Bo C S \$4804 (unsworm faistication to authorities) and the Public Official and Employee Littles Act, 657 a.e.s. The Current Date Signature		Transferee (Name and Address) Date Transferred Date Transferred Date Transferred Date Transferred
Signature	The to t	the penalties prescribed by 18 82 C.S. \$4804 (unsworn faisitication to authorities) and the Public Official and Employee Ethics Sci., 657 4.6.5. Figure Current Date
		Signature

STATEMENT OF FINANCIAL INTERESTS

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

FIRST NAME MI SUFFIX
BLEWINS EdwARD L
NOTE: 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 Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held A S U P E R V I S O R M O M T G O M E R Y R O W T Y Seeking hold held
B DEPT OF PUBLIC HEALTH
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, county, school district, twp. etc.) A MONTGOMMER RYCOVANTY
B
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 107 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7
shine up
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
NLA
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) Name. Address:
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: Monthgomery County Novice the polyment of the property
though the second of the secon
Source of Gift Source of Gift
Address of Source of Gift Address of Source of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this body
TRANSPORTATION, LODGING, HOSPITALITY (See instituction of page 1) Source (Name and Address)
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. [Position Held (i.e. officer, director, employee, etc.)
Business Entity (Name and Address)
Name: Address: Interest Held (i.e., 5%, 10%, etc.) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Relationship Date Transferred
Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescrib
Signature Enter Current Date Enter Ente

Statement of Financial Interests

IN ORDER TO FUNCTION PROPERLY, THIS FORMER QUIRES INTERNALL EXPLORER 9 AND ABOVE, GOOGLE CEROME, OR MOZILL ATBUFON.

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

AFTER SUBMITTING THE FORM, YOU CAN OBEAIN AN OFFICIAL COPY FROM THE STATE CHIICS COMMISSION'S FEIBRARY AT HE TP: WWW.THICSRUTINGS.STATE.PAUS. YOU MAY ALSO SUPPLY YOUR F-MAIL ADDRESS BELOW FOR AN OFFICIAL COPY TO BESENT VIATEMAIL

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

THOSE REQUIRED TO FILE FOR MORE THAN ONE POSITION MUST FILE IN \underline{ALL} FILING FOCATIONS FOR ALL SUCH POSITIONS

THIS FORM MUST BE COMPLETED AND FILED BY:

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

- B: Nominees Persons nominated for public office subject to confirmation.
- C: <u>Public Officials</u> Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.
- D: <u>Public Employees</u> Individuals employed by the Commonwealth or a polictical subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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

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

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

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

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

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

Are you amending a prior filing?*

No

01 Name

First Name * (?) Jill

Last Name * (2) Blumhardt

Middle Initial

Suffix

02 Address



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

Status * (?) Candidate (including write-in)

State or County/Local

County/Local * (?)

County*(?) Montgomery County

County/Local Entity* Lower Moreland Township

(2)

Position*(?) Commissioner

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

Yes

Selecting "Yes" will allow for additions below

Status * (*) Public Official (Current)

State or County/Local

County/Local * (?)

County* (2) Montgomery County

County/Local Entity * **Not Listed**

(2)

Other County/Local Montgomery County Planning Commission

Entity*(?)

Position*(?) Board Member

06 Occupation or Profession

or Profession * (*) Manager

07 Year

2017

The calendar year for which this form is being filed.

08 Real Estate Interests

Do you have

No

reportable real estate interests?*

(?)

09 Creditors

Do you have reportable creditors?*(?)

Yes

Creditors

Name * (?)

Disney Visa

Address (?)

P.O. Box 15123

City*

Wilmington

State *

DΕ

Zip Code

19850

Interest Rate *

17.49

Exclude the "%" symbol

10 Direct or Indirect Sources of Income

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

Yes

Source of Income

Name * (?)

Langan Engineering and Environmental

Services

Address*(?)

Street Address

2700 Kelly Road Address Line 2

City

State / Province / Region

Warrington

PΑ

Postal / Zip Code

Country

18901

11 Gifts

Have you received any reportable gifts?*(?)

No

2018 KAY -1 PH 2: 45

3/5

Gifts Disclaimer *

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

□ Accept
 □

12 Transportation, Lodging, Hospitality

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

Transportation, Lodging, & Hospitality Disclaimer*

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

☑ I Accept

13 Office, Directorship, or Employment in any Business

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

Yes

Business Entity

Name * (?)

Lower Moreland Swimming and Diving

Address * (2)

Street Address P.O. Box 1611

Address Line 2

PΑ

Huntingdon Valley Postal / Zip Code

Country

State / Province / Region

19006

Oty

Position Held * (?)

Dive Representative

14 Financial Interest in any Legal Entity in Business for Profit

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

No

15 Business Interests Transferred to Immediate Family Member

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

No

Additional comments or explanations about any of the above sections:

Confirmation*

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

₽ I Confirm

Signature * (?)

Date

Jill Blumhardt

2018-05-01

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

2018 HAY -1 PH 2: 49

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FI	RST	IAME	· · · · · · · · · · · · · · · · · · ·					,	<u>MI</u> _	SUF	FIX
	BRADBURY	1	A	U	RA						J		
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEA	RS YC	UR S	OCIAL SEC	URIT	Y NUI	MBER	OR FIN	ANCIAL	ACCOUN	T NUM	BERS.
03	STATUS Check applicable block or blocks, more than one block may be marked	d (See i	instruc	tions o	n nage 2)								
	[•		oyee (Curre	41	E	\Box	heck th	(a blast.		ieck th ock if y	
		$\overline{}$			oyee (Cume oyee (Form		_	if	you are	filing		e amer orlgin	iding al filing
_				<u> </u>	<u> </u>		7		s a solic	1			
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	job title,	etc.)	S:	eking		<u>v</u>	hold	L	held	T 1		
Α	ASSISTANT DISTR	I	[C]	7	\mathcal{A}	T	\mathcal{T}	0	R.	NE	Y		
			1		eking			hold		held			
в					Ī		,		·				
		_L	L			L		1			<u> </u>		<u></u>
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., d	ept, ag	ency, author	ity, bor	ough,	board	commis	sion, cour	ty, school	district,	twp, etc.)
Α	MONTGOMERY COUN	T	Y										
											<u> </u>		
В													
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 Y	EAR	SEE	INSTRUC	TIONS							
		1			Blocks 8 -		. ,	its	. 2	ΤοΤ	1 7		
H5	sistant District Attorney		liscios	ure for	the calend	ar yea	ır liste	d here] 0	1 /	}	
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ox. 🔽	7										
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	F chec	k this	hox						I			
03	· · · · · · · · · · · · · · · · · · ·				rket	5	4				est Rate		
	Parison S Department of Livingues	21/2	Ant	nh:	PI		10	3		6	.55	- 7.	5%
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ument (See in	structio) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(0)	FICIAL U	SE ON	. V)
	- · · · ·	,			. •	che		is bloc		(1 IOIAL O	OE 014	C1,
	Name: Montgomery County DA'S Office Address:	P.0	·	Bo	× 3	11							
	\mathcal{N}_{i}	orri	tou	21	PA	19	40	4		7	<u>ງ</u>	· term	
11	GIFTS (See instructions on page 2) If NONE, check this box.	· · ·							1 10 mg			" deal"	
ſ	Source of Gift								u.co		of Gift		
										ءَ أ	J.		
	Address of Source of Gift			1	Circumstanc	es (incl	luding	descrip	tion) of G	ifi. C)		
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE,	chacl	thie	hoy 🗐				<u> </u>	Value	1		
, _	Source (Name and Address)	WOILE,						-		Value	5		
			1							- ا		1302179]
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on c	age 2) If N	ONE. chec	k this	box.	7	,		n Held (i.e.,	officer,	director.
	Business Entity (Name and Address)	p		,	,					emplo	yee, etc.)		
	Name: Address:												
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instru	ctions	on pa	ge 2) If N	IONE,	chec	k this	box.	Intere	st Held (i.e.,	5%, 10	%, etc.)
	Natio and Address of Susiness												
										<u></u>			
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	ee instr	uction	s on p	age 2) If I	NONE	, che	_	s box. Interest H	مبت			
	Transferee (Name and Address)								Relations Date Tran	hip			
	undersigned hereby affirms that the foregoing information is true and correct to the be							n and l	belief; sa	aid affirm		g made	subject
to ti	he penalties pr	Pub	nic Off	icial ar	nd Employe								
	Signa					Ente	er Cui	rrent D	۔ <u>ء۔</u> ate	<u> 3/2</u>	7/18	•	
	тні	S N	от с	OMPL	ETED. N						•		
		C 45										_	

STATEMENT OF FINANCIAL INTERESTS

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

1 LAST NAME BRADBURY				
BKADBUKY		FIRST NAME		MI SUFFIX
		RICHAR		HTR
•				
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT IN	CLEDE ANYTHRO THAY	BEABA YOUR SOCIAL SECURIT	CHUMBER OR FINANCIAL.	ACCOUNT NUMBERS.
3 STATUS Check applicable block or blocks, more than o	•		en eg	Check this
r s		Public Employee (Current)	E Check this block if you are filing	block if you are amending
B Nominee C Pub	lic Official (Former) D	Public Employee (Former)	as a solicitor	an original filing
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, n			hold held	
ASSISTANT), 5 T R	1 CT AT	TORNE	5
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		seeking	hold held	g
5 GOVERNMENTAL ENTITY in which you are/were an Official, E	mployee. Candidate or Non	inee (e.g., dept. agency authority, bor	ough board commission coun	ity school district two etc."
MONTGOMERY	COUN	TY		
M) V(N) I V V M D N I I				: i
6 OCCUPATION OR PROFESSION (This may be the same	as block 4)	07 YEAR SEE INSTRUCTIONS	,	
Access of Same of Commercial		Information in Blocks 8 -15 rep disclosure for the calendar yea		1 7
HISTISTANT DISTRICT HITTORNEY 8 REAL ESTATE INTERESTS (See instructions on page 2)	4		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NELNET MS. DEPT. EDUCATION DIRECT OR INDIRECT SOURCES OF INCOME including (but	·			
	it not simited to) all employni		Y IF NONE, (OF ck this block.	FICIAL USE ONLY)
Name MONT. Cry. UA	Address: 2	che LEAING ST, NORWS	ck this block.	FICIAL USE ONLY)
Name MONT. CTY. WA MONT-LTY. COURTS LARGITHA	Address: 2	che	ock this block.	·3
MONT - LYY. LOURS LARAITEA. 1 GIFTS (See instructions on page 2) If NONE, check this	Address 2	che LEAING ST, NORWS	ck this block.	FICIAL USE ONLY)
MONT-LYY. COURTS LARGITHA	Address 2	che LEAING ST, NORWS	ck this block.	
MONT - LYY. LOURS LARGITERA: 1 GIFTS (See instructions on page 2) If NONE, check this	Address 2	che CEAINY ST, NORWS SAME	ck this block.	E-d Gin
MONT - (Yy . Louis CARA-TRA) 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift	Address: 2	che 2 E A IM ST , NOMEST SAME Circumstances (incl	ck this block.	For S
MONT - LYq . LOURS LARA-TRA 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift	Address: 2	che 2 E A IM ST , NOMEST SAME Circumstances (incl	ck this block.	England Company
MONT - (ry . Lours LARATEA) 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See inst	Address: 2	che 2 E A IM ST , NOMEST SAME Circumstances (incl	Valuating description) of Gift	Department of the control of the con
MONT - (Yy . Louis . LANA-TRA) 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions of Source (Name and Address)	Address: 2	Che Circumstances (incl	Value	Barren Pon San San San San San San San San San Sa
MONT - LYY . LOURS LARATED . 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions of Source (Name and Address)	Address: 2	Che Circumstances (incl	Value	Department of the control of the con
MONT - LYY . LOURS LARALTERA 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address) 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BL Business Entity (Name and Address)	Address: 2 ROW) s box. tructions on page 2) If N USINESS (See instruction Address	Circumstances (incl ONE, check this box.	value box. Position employ	Fed Gin CO On Heliogice, officer, director, rec, etc.)
MONT - (Yy . LOURS LARE TRA) 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See ins Source (Name and Address) 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUBUSINESS Entity (Name and Address)	Address: 2 ROW) s box. tructions on page 2) If N USINESS (See instruction Address	Circumstances (incl ONE, check this box.	value box. Position employ	English States of the states o
1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source of Gift 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BL Business Entity (Name and Address) Name: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSIN Name and Address of Business	Address TOU Tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See	Circumstances (incl ONE, check this box. s on page 2) If NONE, check this	box. Position employ	Fed Gin FO O O O O O O O O O O O O
MONT - () COURTS LARGE TRAIN GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source (Rome and Address) Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions) Source (Name and Address) Source (Name and Address) Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINAME and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE	Address TOU Tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See	Circumstances (incl ONE, check this box. s on page 2) If NONE, check this	box. Position employ check this box. Interest	Fed Gin CO On Helia (i.e. officer, director, rec. Ftc.)
1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source of Gift 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BL Business Entity (Name and Address) Name: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSIN Name and Address of Business	Address TOU Tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See	Circumstances (incl ONE, check this box. s on page 2) If NONE, check this	box. Position employ	Fed Gin FO O O O O O O O O O O O O
1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source of Gift 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BL Business Entity (Name and Address) Name: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSIN Name and Address of Business 5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE Business (Name and Address) Transferee (Name and Address) The undersigned hashy affirms that the foregoing information is	Address TON) s box. tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See	Circumstances (incl ONE, check this box. s on page 2) If NONE, check this instructions on page 2) If NONE, e instructions on page 2) If NONE	box. Position employ check this box. Interest Held Relationship Date Transferred nation and belief; said affirm.	n Held (i.e., 5%. 10%, etc.)
MIONT - CY4 - COURT CHARLITER 1 GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift 2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions of Source (Name and Address) 3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BL Business Entity (Name and Address) Name: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSIN Name and Address of Business 5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) The undersigned has business that the foregoing information is othe penalties pre	Address TON) s box. tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See	Circumstances (incl ONE, check this box. Son page 2) If NONE, check this instructions on page 2) If NONE, instructions on page 2) If NONE instructions on page 2) If NONE	value box. Position employ check this box. Interest Held Relationship Dale Transferred mation and belief; said affirm.cs Act, 65 Pa.C.S. \$1109(b).	n Held (i.e., 5%, 10%, etc.)
MONT - LYY . COURTS LARGETRA! GIFTS (See instructions on page 2) If NONE, check this Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Entity (Name and Address) Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSIN Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE Business (Name and Address)	Address Tructions on page 2) If N USINESS (See instruction Address NESS FOR PROFIT (See E FAMILY MEMBER (See es) and the	Circumstances (incl ONE, check this box. Son page 2) If NONE, check this instructions on page 2) If NONE, instructions on page 2) If NONE instructions on page 2) If NONE	box. Position employ check this box. Interest Held Relationship Date Transferred mation and belief, said affirm. cs Act, 65 Pa.C.S. \$1109(b).	n Held (i.e., 5%. 10%, etc.)

STATEMENT OF FINANCIAL INTERESTS

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

OI LAST NAME OF ANAGH OF	MI SUFFIX
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACC	CONT 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 Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor	Check this block if you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking	12157
	cohool dictrict hup etc.)
65 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, AMDNTEDMER COMERY COUNTY HEACTH DO	EAA
в Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) ENUL RONAENTAL HEALTH SECIALST disclosure for the carendar year listed here: 2 0	17
OB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
NONE	F-3
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. [] Name: NONE Address:	Rate
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, check this block.	ICIAL USE ONLY)
Name MONTCO HEALTH BEST Address 364 King St. 19464	
	of Gift Ch
Address of Source of Cit	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. X	And the same of th
Source (Name and Address)	Held (i.e., officer, director,
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. See instructions on page 2) If NONE, check this box. See instructions on page 2) If NONE, check this box.	ee, etc.)
Name Address: Address: Interest IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.	i Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	
Business (Name and Address) Relationship Data Toenderard	
Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirm and Employee Ethics Act, 65 Pa.C.S. § 1109(b) to the penalties presc	ation being made subject
Signatur Signatur	
THIS F (3 of 4)	

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION 36

1 LAST NAME		Ţ	FIRST	NAME	·					M	I SU	FIX
Brant			Ro	b e	r t					I	٦ ١	
										trongs.	and toward	
ATE REMAILS OF BLOOM AND ARREST												
IOTE: IF YOU ARE INCLUDING ATTACH						Y NUM	BER (OR FINA	NCIAL	ACCOL	INT NUN	18ER
STATUS Check applicable block or	[*******]		Y3								Check ti	is
A Candidate (including write-	7-1	Official (Current) Official (Former)	[**************************************	Employee (E		eck this			block if are ame	nding
PUBLIC POSITION OR PUBLIC OFFI				: Employee (F	·····			a solicito	or		an origir	al fil
Assessm		- T	1 I I I	seeking		ho	7		held			`T
	e n t	A p p	e a l	<u> M </u>	a s	t	e	r	1		l. <u></u>	
######################################				seeking		ho	old		held		т	7
					<u> </u>							
GOVERNMENTAL ENTITY in which you	are/were an Official, Emplo	oyee, Candidate or	r Nominee (e.g., de	ept. agency, au	ithority, bor	ough, b	pard, c	ximmissio	on, coun	ty, scho	ol district,	twp, r
Montgom	e r y		n t y									T
				······································		·						1
OCCUPATION OR PROFESSION (Thi	s may be the same as b	lock 4)	07 YEAR	SEE INSTR				l				
Attorney				ition in Błocks ure for the cal			nere	2	0	1 7	,	
CREDITORS (See instructions on page	2). Creditor (Name and		s box.	box.	,			<u>₹</u>		2018 MAI	The second secon	, î L
Name:	***************************************	Address) If NO	ONE, check this t					VOTER SE	A constant		- 1.4.1 - 1.4.1	in the second se
	***************************************	Address) If NO	ONE, check this t		g. 2) ONL	Y IF NO	NE,	MONTO CO	OFFICE SO	MA\$ 23	A STATE OF THE STA	in the second se
Name: DIRECT OR INDIRECT SOURCES OF IN	ICOME including (but not	Address) If NO	NE, check this to ss.		g. 2) ONL che-	Y IF NC	NE, block.	-oE	FICEOF	MA\$ 23	USE QU	
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate	ICOME including (but not	Address) If NO Addre limited to) all emp Addre 572	NE, check this to ss.	structions on p	che	ck this I	olock.	3	OFFICE OF	MA\$ 23	USE Q	Section 1
Name: DIRECT OR INDIRECT SOURCES OF IN	ICOME including (but not	Address) If NO Addre limited to) all emp Addre 572	NE, check this t ss. doyment. (See ins	structions on p	che	ck this I	olock.	3	FICEOF	MAR 23 51 10: 10	USE Q	The second secon
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2)	ICOME including (but not	Address) If NO Addre limited to) all emp Addre 572	NE, check this t ss. doyment. (See ins	structions on p	che	ck this I	olock.	3	FICEOF	MAR 23 M 10: 1	USE Q	The second secon
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2)	ICOME including (but not	Address) If NO Addre limited to) all emp Addre 572	NE, check this t ss. doyment. (See ins	t, PO Box 2	che	ck this I	PA 19	9426	FICEOF	MAR 23 51 10: 10	USE Q	The second secon
Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) Is Source of Gift Address of Source of Gift	S, LLC	Address) If NO Addre	NE, check this tess. Idoyment. (See insisted W Main Street	t, PO Box 2	che-	ck this I	PA 19	9426	Value	MAR 23 51 10: 10	USE Q	The second secon
Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) In Source of Gift	S, LLC	Address) If NO Addre	NE, check this tess. Idoyment. (See insisted W Main Street	t, PO Box 2	che-	ck this I	PA 19	9426	FICEOF	MAR 23 EN 10: 10	USE Q	The second secon
Name: DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) In Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address)	S, LLC f NONE, check this box PITALITY (See instruction	Address) If NO Addre	NE, check this tess. Idoyment. (See insists W Main Street	t, PO Box 2	che-	ck this l	PA 19	9426	Value	MAR 23 EN 10: 10	USE Q	The second secon
Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) Is Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE	S, LLC f NONE, check this box PITALITY (See instruction	Address) If NO Addre	NE, check this tess. Idoyment. (See insists W Main Street	t, PO Box 2	che-	ck this l	PA 19	0426 C	Value	23 of Gift	USE Q	The state of the s
Name: DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) In Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY	S, LLC f NONE, check this box PITALITY (See instruction	Address) If NO Address limited to) all emp Address 572 K. Ons on page 2) ESS (See instruc	NE, check this tess. Idoyment. (See insists W Main Street	t, PO Box 2	che-	ck this I	PA 19	0426	Value Position employe	23 of Gift	USE Q	The state of the s
Name: DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) In Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) Name: Robert L. Brant & Associate	S, LLC F NONE, check this box PITALITY (See instruction YMENT IN ANY BUSINESS Ciates, LLC	Address) If NO Address limited to) all emp Address 572 C. D. Ons on page 2) ESS (See instruct Address	If NONE, check this to see instructions on page 2)	circumst this box.	che-	rappe f	PA 19	9426	Value Position employe	Heid (i.e. etc.)	USE Q	irector
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) In Source of Grift Address of Source of Grit TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) Name: Robert L. Brant & Associate	S, LLC F NONE, check this box PITALITY (See instruction YMENT IN ANY BUSINESS Ciates, LLC	Address) If NO Address limited to) all emp Address 572 C. D. Ons on page 2) ESS (See instruct Address	If NONE, check this to see instructions on page 2)	circumst this box.	che-	rappe f	PA 19	9426	Value Position employe	Held (i.e.	USE QU	irector
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) If Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) Name: Robert L. Brant & Associate	S, LLC f NONE, check this box PITALITY (See instruction YMENT IN ANY BUSINES Ciates, LLC ENTITY IN BUSINESS Associates, LLC	Address) If NO Address Ilimited to) all emp Address 572 K. Conson page 2) Conson page 3	If NONE, check this to ss. If NONE, check this to ss. If NONE, check this to so, the structions on page 2) If Strain Street this to so, the structions on Strain Street this to so, the structions on Strain Street this to so, the structions on Strain Street this tructions on Strain Street this tructions on Strain Strain Street this tructions on Strain Street this tructions on Strain Street this truction struction structions on Strain Street this truction struction struct	clircums on p Circums this box. If NONE, cl St, PO Box 2 on page 2) ox 26865,	tances (included this 26865, Trinone, Trappe	box. check t	PA 19 PA 19 PA 19 PA 1	9426 26	Value Position employe	Held (i.e.	USE QU	irector
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) Is Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) Name: Robert L. Brant & Associate FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business Robert L. Brant & BUSINESS INTERESTS TRANSFERRE Business (Name and Address) Transferee (Name and Address)	S, LLC f NONE, check this box PITALITY (See instruction YMENT IN ANY BUSINES Ciates, LLC ENTITY IN BUSINESS Associates, LLC	Address) If NO Address Ilimited to) all emp Address 572 K. Conson page 2) Conson page 3	If NONE, check this to ss. If NONE, check this to ss. If NONE, check this to so, the structions on page 2) If Stripe William Street this to so, the structions on Stripe Boom Stripe Bo	circumst this box. If NONE, cl. St, PO Box 2 Approximately the second page 2) on page 2) on page 2) on page 2)	tances (included the control of the	box. rappe frappe check to p. PA	PA 19 PA 19 Integrated by the part of th	9426 9426 ox. actionship of Transfer	Value Position employe Interest	Heid (i.e.	JSE QM	nrector , etc.)
DIRECT OR INDIRECT SOURCES OF IN Name: Robert L. Brant & Associate GIFTS (See instructions on page 2) If Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSE Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOY Business Entity (Name and Address) Name: Robert L. Brant & Associate FINANCIAL INTEREST IN ANY LEGAL Name and Address of Business Robert L. Brant & BUSINESS INTERESTS TRANSFERRE Business (Name and Address)	S, LLC f NONE, check this box PITALITY (See instruction YMENT IN ANY BUSINES Ciates, LLC ENTITY IN BUSINESS Associates, LLC	Address) If NO Address Ilimited to) all emp Address 572 K. Conson page 2) Conson page 3	If NONE, check this to ss. If NONE, check this to ss. If NONE, check this to so, the structions on page 2) If Stripe William Street this to so, the structions on Stripe Boom Stripe Bo	chructions on p	tances (included this 26865, Trinone, Trappe	box. Trappe check te, PA	PA 19 Phis be Interested to be line related to the line relate	9426 9426 ox. ox. errest Held ationship er Tranship ef Tranship ef Tranship eff said	Value /alue Position employe Interest 1009	Heid (i.e.	JSE QM	nrecto etc.)

Statement of Financial Interests Brant, Robert L.

13. Office, Directorship or Employment in any business for profit:

Business Entity: The Victory Bank

Position held: Director

548 North Lewis Road Limerick PA 19468

Robert D. Gilmore & Associates, Inc.

Director

65 East Butler Avenue

Suite 100

New Britain PA 18901

A SEC-1 REV. 01/18 STATEMENT OF FINAN PLEASE PRINT N	· · · · · · · · · · · · · · · · · · ·
1 LAST NAME F	RST NAME MI SUFFIX G (1 S G G B D D D D
NOTE. IF TOO ARE WILLIAMS ATTACHMENTS, DO NOT MEEDE AND THING THAT SEE	
03 STATUS Check applicable block or blocks, more than one block may be marked. (See in	nstructions on page 2) Check this block if you
Considered (including with in)	Public Employee (Current) E L Check this block if you are filing are amending as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title,	etc. seeking hold hold
18/10/10/00/mentaltea	14hHNSPICHORIII
в	seeking hold hold
05 GOVERNMENTAL ENTITY In which you are were an Official, Employee, Candidate or Nontinue (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
10Aficeoffubliche	allth + Mothts Houn
В	
	EAR SEE INSTRUCTIONS.
Environmental Health Specialist.	stormation in Blocks 8 -15 represents sisclosure for the catendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
Loans	Man B5
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)
Nama: Montgornoger ombi	(Kings)
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 Gitt
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE,	check this box. Value
Source (Name and Addrass)	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on a Business Entity (Name and Address)	position Held (i.e., officer, director, employee, etc.)
Name: Address:	elies on some 21. If NONE chark this have interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instru Name and Address of Business	chairs on page 2) II Notice Chock the Source
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See insta Business (Name and Address)	Mulacet Heig
	Reletionship Date Transformat Land Figure 1 and Figure 1 and Subject 1
The undersigned here to the penalties presc	old person's knowledge, information and belief, seld affirmation being made subject to Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b)
Signatup	Enter Current Date 4/30//018
THIS F. (3 of 4)	T COMPLETED. MAKE A COPY FOR YOU'R RECORDS.

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME SUFFIX LAUREN NKER STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) block if you D X Public Employee (Current) Check this block are amending if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) N seeking ☐ held hold 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.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information In Blocks 8 -15 represents ENVIRONMENTAL 2 HEALTH SPECIALIS disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Addres // OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY) 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.) 12 Value OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Position Held (i.e., afficer, director, employee, etc.) 13 Business Entity (Name and Address) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box Interest Held (i.e., 5%, 10%, etc.)

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)

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

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

Enter Current Date

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX B r i t t e n b u r g m a t t h e w s
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
NO.	ITE: 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	Assistant District Attorney
-	seeking hold held
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.)
Α [MONTGOMERY COUNTY ,
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
A:	ssistant District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address Interest Rate
	DIEGO OF NICHES OF NICOME including the design of the section of t
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
L	
•	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.
13	Business Entity (Name and Address) employee. etc.)
13	Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e. 5% 10% etc.)
	Business Entity (Name and Address) Name Address Address
	Business Entity (Name and Address) Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
14	Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business Business INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Interest Held (i.e. 5% 10% etc.) Interest Held (i.e. 5% 10% etc.)
14 15	Business Entity (Name and Address) Name Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) Date Transfered undersigned hereby affirm: Said person's knowledge, information and belief; said affirmation being made subject
14 15	Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Name and Address of Business Business INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) Date Transferred

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV 01/18 (717) 783-1610 = TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME 01 **FIRST NAME** M SUFFIX В ro David P 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS. DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor Nominee C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, mamber, Commissioner, job title, etc.) 04 hold held P a D D r S seeking hold в 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.) 05 R OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS **Public Safety EMS** Information in Blocks 8 -15 represents 2 0 disclosure for the calendar year listed here. REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ì Name Address 9 - Im. - 6-DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, COFFICIAL USE ONLY check this block Name: County of Montgomery-Courthouse Norristown, Pa MontCo Community College Blue Bell, Pa GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Cift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value

Address of Source of Cift

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

Value

Source (Name and Address)

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

Position Held (i.e. officer, director employee, etc.)

Name

Address

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

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)

The undersigned Said person's knowledge information and belief: said affirmation being made subject to the penalties pr

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

Enter Current Date

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
BROWN	
_	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THE	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be mark A Candidate (including write-in) C N Public Official (Current)	D Public Employee (Current) E Check this block if you
B Nominee C Public Official (Former)	D Public Employee (Former) if you are filing as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	r, job title, etc.) seeking X hold held
ATRANSPORTATION	AUTHORITY
	seeking hold held
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.)
AMONTGOMERY COU.	WTY
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
Retired	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box. 🔀
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NO	NE, check this box.
Name: Addres	ss:
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp	loyment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Public School Employee's Addres	ss. P.O. Bex 12S
Name Public School Employee's Address Retirement System H	larrisburg, PA A 5 TT
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value of Sit
53335 3 518	
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 instruct Business Entity (Name and Address)	ctions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name: Address	ş:
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business	See instructions on page 2) If NONE, check this box. X Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship Date Transferred Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the to the penalties presented by 48 De C.S. \$4004 (present felaffication to authorities) at	e best of said person's knowledge, information and belief; said affirmation being made subject and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signatu	Enter Current Date 4/11/2017
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABO	OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME FIRST NAME MI SUFFIX
3ustard Arthur C
NOTE, IT VOU ARE HIS LODGE ATTACHMENTS FOR NOT BIGUIDE ANATHMENT AND YOUR SOCIAL SECURITY ANAMED OF CHANGIAL ASSOCIATIONS
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
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block block if you are amending if you are filing
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A How bol Suyer Viscr
seeking hold held
"Montgomery County Farm 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.)
1 Wareester Township
B Hontgomery County
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
OMES MEN
D8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
Name: Address:
Nation 1
Name:
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
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.
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Name: See attacked Address:
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Name: See attacked Address:
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Name: See attacked Address:
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
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
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address: Address: Value of Gift Value of Gift Circumstances (including description) Circumstances (includ
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address: Address: Value of Gift Value
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Name: See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
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
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: Address: Address of Source of Gift Address of Source of Gift Transportation, Lodging, Hospitality (See instructions on page 2) If NONE, check this box. Value Value Value OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address: Address: OFFICIAL USE ONLY) Address of Source of Gift Value of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Value Value OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Name: Cedars Adverts including description of Gift Value Position Held (i.e., officer, director, employee, etc.) Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Value Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Value Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Value Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Address: P. D. Box 85; Cedars Pa 19423 President Address of Source of Gift Address: P. D. Box 85; Cedars Pa 19423
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address: Address
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
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
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
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
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
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

Statement of Financial Interest

2017

Arthur C. Bustard

Line #10

Cedars Advertising, Inc.

PO Box 85

Cedars, PA 19423

Worcester Twp.

PO Box 767

Worcester, PA 19490

Structured Cable Solutions, Inc .

1921 Valley Forge Road Collegeville, PA 19426

Tornetta Realty Group Corp.*

910 Germantown Pike Plymouth Meeting, PA 19462

*(administers lease to Structured Cable Solutions, Inc.)

42

STATEMENT OF FINANCIAL INTERESTS

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

	LAST N	1 \	e	5								FIRST	1. 1	4 0	L.] <u> </u>	SUFF	IX
NOTE	: IF YOU	ARE IN	CLUDIN	IG AT	TACHMEN	NTS, DO	TON	INCLUDI	E ANYT	HING T	нат в	EARS Y	OUR SO	CIAL SI	ECURIT	MUM Y	BER O	R FINA	NCIAL A	CCOUN	T NUME	BERS.
03 S	TATUS				ock or blo write-in)	cks, mo		one blooublic Offic				Publ	ic Emplo	yee (Cu	rrent)	ε [if yo	ack this	iling	bl ar	heck this ock if you amend	ou ding
	в 🗔	Nomine			.,	С		ublic Offi			D L		ic Emplo		rmer)			solicit		ar	orlgina	u ming
04 P	UBLIC	POSITIO	N OR P	UBLIC	OFFICE	1	_	, membe	r, Comr	missione	er, job t	itle, etc.)	se se	eking			old	<u> </u>	held			
A [5	u	$\rho \mid e$. (V	1 S	0	1			11				eking			old		held			
в						1								exilig				Ī				
		LIFAITAL	CNITTO		ch you are		n Officia	I Employ	ee Can	didate o	r Nomin	ее (е п	dent age	ncv auti	nority be	orough. I	board. c	ommiss	ion, coun	tv. school	district, t	wp, etc.)
05 G A [[) e	C	Т_	d	e (- L	0	F	D		e	1 6										
в																						
06 C	OCCUPA	0 NOITA			ON (This)	may be	the sar	ne as blo	ock 4)	_	C		R SEE mation in osure for		8 -15 re	present		2	0	17		
09 0					ee instruc					s) If N	ONE, d								inter	2018 APRice 2	\$2.000 m	Marie Control
10 0		OR INDIF	RECT SC	DURCE	S OF INC			(but not l	limited to						g. 2) Oi cl	NLY IF I	NONE, is block		OF OF	FIGAL	USE ON	TY)
11 (GIFTS	See inst	ructions	on pag	ge 2) If	NONE,	check	this box	. [4									 "-	<u> </u>			
	Source of		1	1	T		T	1 1		1 -	r - r	<u> </u>			Т	٦	:	Т	Val	ue of Gift		
L		Source of	Ciff				_						<u> </u>	Circums	tances (i	ncluding	descript	ion) of G	ift		• L	
																			Value			·
		PORTAT lame and			G, HOSP	ITALIT	Y (See	instructi	ons on	page 2)	IT NC	JNE, CIT	eck this	DOX.	.).	-						 -7
		, DIREC s Entity (EMPLOY	MENT	IN ANY	/ BUSINI	ESS (S	Gee instr	ructions	on pag	e 2) If N	IONE, c	heck th	nis box	. <u>U</u>			on Held (i.e yee, etc.)	e., officer,	director,
!	Name:			<u> </u>			·			Addr				200 (1)	KNON	IE aka	ak shir	hoy ^F	1) Intere	st Held (i.	e., 5%. 10)%, etc.)
14	FINANC Name an	IAL INTI	EREST of Busine	IN AN'	Y LEGAL	ENTIT	Y IN B	USINESS	5 FOR F	PROFIT	(See	instructio	ons on pa	age 2)	πNON	ıc, ¢ne∙	JR THIS	JUX.			., 2.3, 16	•
		SS INTE (Name an			NSFERRE	D TO	MMED	IATE FA	MILY M	IEMBEI	R (See	instruct	ions on I	page 2)	If NO	NE, che	- - ;	s box. nterest F Relations Date Tra	ship			
The u	indersigi penalti	s prescr	by affirπ ib	ess) ns that	the foreg	oing inf	ormatio	n is true	and cor	rrect to 1	the bes	t of said	person's	knowle d Emp	noyee L	formation	on and l ct, 65 F	pelief; s a.C.S.	aid affirm §1109(b	nation be). 2	ing mad	e subject
		Signature THIS FO	ORM IS	CON	SIDERE	D DEF	ICIEN	IT IF AN	IY BLC	OCK A	BOVE		COMP	LETE					OUR R	ECORD	os. —	

STATEMENT OF FINANCIAL INTERESTS

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

<u> </u>		
1 LAST NAME BYERLY	FIRST NAME JACKSON	MI SUFFIX
2		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	TREARS YOUR SOCIAL SECURITY NUMBER OF CINA	VCIAL ACCOUNT NUMBERS
		f;
3 STATUS Check applicable block or blocks, more than one block may be marked. A Candidate (including write-in) C Public Official (Current)	Public Employee (Current) E Check this I	Check this block if you
	Public Employee (Current) Public Employee (Former) Public Employee (Former) Public Employee (Former)	ling are all ending
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob title, etc.) seeking hold	held
COMMUNITY PLANN	ER	
	seekinghold	held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, commission	on, county, school district, twp, etc.
PLANNING COMNIS	SION	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents displaying for the calendar year listed here:	0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	disclosure for the calendar year listed field.	1i
9 CREDITORS (See instructions on page 2). Creditor (Name and Address) Name. Address:	With the second	Interest Rate
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	chack this black	(OFFICIAL USE ONLY)
Name Penn Pinki) Address:	409 Duhring Wing - Select of Docion	1
Audiss	409 Duhring Wing - University of Pennsylvan Philadelphia, PH 19104	20
1 GIFTS (See instructions on page 2) If NONE, check this box.	-,	
Source of Gift		Value of Gin
Address of Source of Gift	Circumstances (including description) of Giff	
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.	Value G
Source (Name and Address)		THIT
OFFICE CONTROL OF THE	INS OR DODG 2) IS NONE about 41	Position Held (i.e., officer, director,
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	use Duhring wing - Valive in at Penagukana Philadelphia, 24 1910 4	Position Held (i.e., officer, director, employee, etc.)
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	r instructions on page 2) If NONE, check this box. χ	Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business	İ	
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest He	
Transferee (Name and Address)	Relationshi Date Trans	sferred
the undersigned hereby affirms that the foregoing information is true and correct to the beautiful the penalties prescribed horities) and	est of said person's knowledge, information and belief; sai the Public Official and Employee Ethics Act, 65 Pa.C.S. §	11109(D). /
Signature	Enter Current Date	9/3/18
THIS FORM OCK ABOV	E IS NOT COMPLETED. MAKE A COPY FOR YO	OUR RECORDS.

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY **SUFFIX** FIRST NAME MI 01 LAST NAME a a NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) __ Check this block if you E Check this block if you are filing D Public Employee (Current) C Public Official (Current) A ___ Candidate (including write-in) are amending an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B Nominee hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held held seeking hold 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.) 07 YEAR SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents disclosure for the calendar year listed here: CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name: -(OFFIŒBL USE OŅĽŸ) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, Y Address Norvistown ഗ GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 employee, etc.) Business Entity (Name and Address) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 📈 Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b).

Enter Current Date _

STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
Caldwell	ω , 11, am F
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked	4
pomong granding and a second granding and a	Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	ob title, etc.) seeking A hold held
A 15 + Deputy Trea	S LL C C T hold held
6	Seeking C field C field
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
*County of montg	omery
В	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 / 😅
Uputy reusurer 88 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	100x. 🔀 250 250 150 150 150 150 150 150 150 150 150 1
The state of the s	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONI	
Name. Address:	- Introduct value
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name: County of Montgoner Address.	yment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIÁL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
Source of Gift	
Address of Source of Gift	Circumstances (including description) of Gift
	Note:
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box. Value
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box. Position Held (i.e., officer, director employee, etc.)
Name Address:	ee instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.,
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (So Name and Address of Business	ee instructions on page 2) If NONE, check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest Held Relationship
Transferee (Name and Address)	Date Transferred nowledge, information and belief, said affirmation being made subject.
The undersigned her- to the penalties presc	Employee Ethics Act, 65 Pa.C.S. §1109(b).
SignatureSCONSIDERED DESICIENT IF ANY BLOCK AROL	VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

A Candidate (including write-in) C Dublic Official (Current) D Dublic Employee (Current) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Nominee C Dublic Official (Former) D Dublic Employee (Former) B Dubli
STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) B as a solicitor are amending an original filing O4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking I hold held A D E P V T Y D (S T R L T A T T O R N E Y D N
STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) B as a solicitor are amending an original filing O4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking I hold held A D E P V T Y D (S T R L T A T T O R N E Y D N
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing an original filing 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking
A Candidate (including write-in) B Nominee C Public Official (Current) C Public Official (Current) C Public Employee (Former) D Public Employee (Former) D Public Employee (Former) B Nominee Public Employee (Former) B Nod
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking whold held A DEPVTY D STOR LUT ATTOR NEW Seeking hold held B seeking hold held GOVERNMENTAL ENTITY in which you are were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A M O N T G O M E R Y C O U N T Y B OCCUPATION OR PROFESSION (This may be the same as block 4) DEPUTY DISTRICT AFTORMAN ACTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7 OR REAL ESTATE INTERESTS (See instructions on page 2) Creditor (Name and Address). If NONE, check this box.
A DEPUTY DISTRICTIONS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
B Seeking hold held Seeking hol
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A M O N T G O M E R Y C O U N T Y B OCCUPATION OR PROFESSION (This may be the same as block 4) Of YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
A M O N T G O M E R Y C O U N T Y B OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR SEE INSTRUCTIONS. Information in Blocks 8-15 represents disclosure for the calendar year listed here: OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
A M O N T G O M E R Y C O U N T Y B OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR SEE INSTRUCTIONS. Information in Blocks 8-15 represents disclosure for the calendar year listed here: OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
OCCUPATION OR PROFESSION (This may be the same as block 4) OF YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
Deputy District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
OB CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
1 11/10/04/ 1/2/2
Name: Address:
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)
check this block.
Name: Address: CD
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
1 (C) 3.4.5
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. Source (Name and Address)
Source (Name and Address)
12 TRANSPORTATION, LODGING, HUSPITALITY (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. Position Held (i.e., officer, director, employee, etc.)
12 TRANSPORTATION, LODGING, HUSPITALITY (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. Position Held (i.e., officer, director, employee, etc.) Name: Address:
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Name: Address: Interest Held (i.e., 5%, 10%, etc.)
Source (Name and Address) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Name: Address: 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Source (Name and Address) Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.) 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Source (Name and Address) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Name: Address: 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held (Relationship Check this box.) Interest Held (Relationship Check this box.) Interest Held (Relationship 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. Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., officer, director, employee, etc.)
Source (Name and Address) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Interest Held (i.e., 5%, 10%, etc.) Business INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Business (Name and Address) Transferee (Name and Address) Transferee (Name and Address) Transferee (Name and Address) Facility (Name and Address) Facility (Name and Address) Interest Held (i.e., officer, director, employee, etc.)

	1,020	IANCIAL INTERESTS PENNSYLVANIA STATE (717) 783-1610 • TOLL RINT NEATLY	
01	LAST NAME	FIRST NAME MI	SUFFIX
-	CHAVOUS	KEVIN	
NO	DTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOU	NT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) E Check this block if you are filing	Check this block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob title, etc.) seeking hold held	
Αſ	Design Planner		
L		seeking hold held	
вГ			
	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	minos (a.g. dept. argney sutherity begund heard commission county school	ol district two etc.)
05 A			Tolstrict, twp, etc.)
[Montgomery Coon	<u> </u>	
В			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
	City Planner	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	<u>}</u>
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	ох.	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) Name: Address:	E, check this box. 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, check this block.	USE ONLY)
	Name: Montgomery County Address: Nov	POBOX 311 cristown PA 19404	
11	GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift	
ſ	Source of Gift	220	ST-2-TIE (Alex
į	Address of Source of Gift	Circumstances (including description) of Gilt	The second
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.	4 1 2 m
	Source (Name and Address)		
	ON THE OWNER IN ANY BURNIESS (See including	Position teld (e., officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	employed to	energe de la companya
_	Name: Address: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	on instructions on page 2). If NONE, check this how Winterest Held (i	e., 5%, 10%, etc.)
14	Name and Address of Business		
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest Held	
_	Transferee (Name and Address)	Relationship Date Transferred person's knowledge, information and belief; said affirmation be	aina mada eubicat
	e undersigned hereb the penalties prescrit	Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).	i (3
	Signature . THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	Enter Current Date 4 20	os.

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 763-1610 • TOLL FREE 1-800-932 0936

	FEEASE FRINT REALLY
01	LAST NAME MI SUFFIX CHERIYAN FEBA E
02	
F4.	TEMENDU 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) B Public Employ
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	DISEASE INTERVENTION SPACIALIS
B	seeking hold held
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dapt, egency, authority, borough, board, commission, county, school district, twp, etc.)
A	
В	
96	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8-15 represents
{	Disease Intervention Specialist disclosure for the calendar year listed here: 2 0 1 (
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Flamu Student Loan Address PD Pox 67184 Servicing PA 17106-9184-573
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 Montejonen, County andrews 1430 De Kall St
	Hearth Department Norrestown, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box. X Source of Gift Value of Gift
No. of the control of	Address of Science of Oils Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Veiter Souther (Name and Address)
į	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Pasition Hold it 6, officer, director employee, alc.) Pasition Hold it 6, officer, director employee, alc.)
	Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
14	Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Some and Address) Business (Name and Address) Interest Heid Relationship
	Transferee (Name and Arthresa)
	undersigned hereby affirms that the foregoing information is frue and correct to the best of said person's knowledge, information and belief, said affirmation being made subject authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date 42518
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE LITHICS COMMISSION (717) 783-1610 + 101E / REE + 800-932-0936

PLEASE P	PRINT NEATLY	
01 LAST NAME	FIRST NAME JEG V C	Mi SUFFEX
Compared the compared to the c	Magical Street, or a first passing residency through	को प्रथम (१९४४) से १८ वर्ष १८
	d. (See austractions on page 2) D. Public Employee (Current) E : Check this if you are: D. Public Employee (Former) as a solici	filing are amending
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,)	joti title, etc.) seeking Lhold	held
A Emporior marking to 1	/ 6 4 / 1 / 6 / 5 / 7 C C	held
θ :		
OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No.	urninee (e.g., dept, agency, authority, borough, board, commiss	sion, county, school district, twp, etc.)
* H. E. all the Despit		
6		
OCCUPATION OR PROFESSION (This may be the same as block 1)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here	0/7
REAL ESTATE INTERESTS (See instructions on page 2). If NONE, chock this b OF CREDITORS (See instructions on page 2). Creditor (Name and Address). If NONE Name. Address.	E, check this box.	Interest Rate
	P. De Box 311 Julistan, PA 19404	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	And the control of the second desired and second desired desired and second desired desired and second desired	Value of Gift
Address of Source of Gift	Circumstances (actuding descriptions of Gr	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)	NONE, check this box.	Value.
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	Position Held (i.e., officer, director employee, etc.)
Name and Address of Business Address Solve Business FOR PROFIT (Section 2) Address of Business FOR PROFIT (Section 2) Address of Business FOR PROFIT (Section 2) Address FOR PROFIT (Sect	ee instructions on page 2) If NONE, check this box.	Interest Held (i.e., \$44, 10%, ptc.)
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (So Business (Name and Address) Transferee (Name and Address)	ee instructions on page 2) If NONE, check this box, I interest the Relationsh Date Trans	hip
The undersigned hereby affirms that the forenoing information is train and correct to the be to the promitties present		nd affirmation being made subject
Signature THIS FOrgue to the state of the st	Enter Current Date PLETED. MAKE A COPY FOR YO	OUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST N	AME					MI SUFFIX
Ĭ	C L A R K E	MI	С	H A	E L			P
						MDED (D EINA	UCIAL ACCOUNT NUMBERS
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT					MBER U		TOME ACCOUNT HOMBERO.
03	STATUS Check applicable block or blocks, more than one block may be marked. (oage 2) se (Current) F	XX Ch	eck this l	Check this block if you
	A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D		,	e (Current e (Former)	, –	if y	ou are fil a solicito	ling are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jok	title, etc.)	see	ding	×	hold		held
. Г								
``` L			see	king	×	hold		held
вГ	MEMBERPMFSSCH	0 0	L	C	ОМ	М	IT	T E E
					horough	boord	ommiesi	on county school district two etc.
05 [	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Norr	linee (e.g., a	ept, agen	cy, authority	, borougn	, board, c	DITIIISSI	on, county, scribbi district, two, see.
^ L	S E E A T T A C H E D							
в	P M F S S C H O O L C O M	MI	T	E	E			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 <b>YEAR</b>		ISTRUCTI				
Αt	ttorney			llocks 8 -15 ne calendar			2	0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	х. [X]						
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	, check this	box.	×				Interest Rate
	Name: Address:						- -ندر	70
					ONLY IE	NONE		(OFFICIAL USE ONLY)
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employe				CHECK	his block	· 🔲 🗋	9
	Name: Rudolph Clarke, LLC Address:			PA 190				P
	County of Montgomery	Norri	stow	n, PA	L9404	<u> </u>	1	
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift							Value of 1840
·	Address of Source of Gift		'	ircumstance	s (includin	ig descripi	tion) of Gi	ft
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	NONE, chec	k this b	ox. 🔀	<u>.</u>			Value
[	Source (Name and Address)							
	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page	2) If NO	NE. check	this bo	х.		Position Held (i.e., officer, director
13	Business Entity (Name and Address) 7 Ne	shamin	y In	cerple	x, #	200		employee, etc.) Officer
_	Name:	Trevos				ank thin	box [	Interest Held (i.e., 5%, 10%, etc.)
14	Name and Address of Business 7 Ne	snamın	у тп	сегрте	A., W.	200	BOX.	
	Rudolph Glarke, 225	Trevos						Shareholder - 50
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	∋e instructio	ins on pa	ge 2) If N	IONE, cl	- 1	interest H	eia
	The second distances	ant of acida	organi- i	nowlodge	informat		Relationsi Date Tran belief: sa	sferred
The to t	transferee (Name and Address)  ne undersigned hereby affirms that the foregoing information is true and correct to the bettee penalties prescribe	est of said p the Public C	erson's l Official ar	nowledge, d Employe	e Ethics	Act, 65 F	Pa.C.S.	§1109(b).
	Signature					Current D		4/16/2018
l	THIS FORM IS CONSIDERED DETICIENT OF ANY DECOMPANY	E IS NOT	COMPL	ETED. M	IAKE A	COPY	FOR Y	OUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS ATTACHMENT MICHAEL P. CLARKE

### Block 5 -

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

Solicitor - William Jeanes Memorial Library

19 PH 3: 02

### STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

LAST NAME	FIRST NAME		MI SUFFIX
Cohen	David		L
tana ang ang ang ang ang ang ang ang ang			·
PTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING	G THAT BEARS YOUR SOCIAL SECURITY NUMBER	BER OR FINANCIAL A	CCOUNT NUMBERS
STATUS Check applicable block or blocks, more than one block may be m	narked. (See instructions on page 2)		Check this
A Candidate (including write-in) C Public Official (Current)	t) D Public Employee (Current) E	Check this block	block if you are amending
B Nominee C: Public Official (Former)	) D Public Employee (Former)	if you are filing as a solicitor	an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commission	ioner, job title, etc.) seeking ho	old held	
Planning Commi	ssion Bo	a r d	
and the second of the second second of the second s	seeking ho	old D held	
School Board D			
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate	te or Nominee (e.g., dept, agency, authority, borough, b	card, commission, coun	ty, school district, twp, etc.)
Montgomery Cou	ı n t y		:
School Dist of	Chelten	h a m	Town
School Dist of			
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR Indicate calendar year for which		SEE INSTRUCTIONS.
rban Planner			
CREDITORS (See instructions on page 2). Creditor (Name and Address). If	f NONE, check this box.		
Pag attrahad	f NONE, check this box.	Inter	est Rate
Name See attached A	Address.		est Rate
Name See attached.  A  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all	Address.	IONE, (OF	
Name See attached.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all	employment (See instructions on pg. 2) ONLY IF N	IONE, (OF	
Name See attached.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.	employment (See instructions on pg. 2) ONLY IF N check this	IONE, (OF	
Name See attached.  A  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all	employment (See instructions on pg. 2) ONLY IF N check this	IONE, (OF	
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A  GIFTS (See instructions on page 2) If NONE, check this box.	employment (See instructions on pg. 2) ONLY IF N check this	IONE, (OF	FFICIAL THE ONLY
Name See attached.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A  GIFTS (See instructions on page 2) If NONE, check this box.	employment (See instructions on pg. 2) ONLY IF N check this	IONE, (OF a block,	FICIAL TIBE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  GIFTS (See instructions on page 2) If NONE, check this box.	employment (See instructions on pg. 2) ONLY IF N check this Address.  Circumstances (including a	IONE, (OF a block,	FICIAL TIME ONLY)
Name See attached.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A  GIFTS (See instructions on page 2) If NONE, check this box.	employment (See instructions on pg. 2) ONLY IF N check this Address.  Circumstances (including a	NONE, (OF B block, Walk Walk Walk Walk Walk Walk Walk Walk	FICIAL TIBE ONLY)
Name See attached.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  AGIFTS (See instructions on page 2) If NONE, check this box.	employment (See instructions on pg. 2) ONLY IF N check this Address.  Circumstances (including a	NONE, (OF B block, Walk Walk Walk Walk Walk Walk Walk Walk	FICIAL TIBE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)	employment (See instructions on pg. 2) ONLY IF N check this Address.  Circumstances (including of 2) If NONE, check this box.	Value	FICIAL TIBE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)	employment (See instructions on pg. 2) ONLY IF N check this Address.  Circumstances (including of 2) If NONE, check this box.	Value	FICIAL THE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)	employment (See instructions on pg. 2) ONLY IF N check this Address  Circumstances (including of page 2) If NONE, check this box.	Value  Posite  k this box.	FICIAL TIME ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)  Name See attached.  Address of Business FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFINANCIAL IN	employment (See instructions on pg. 2) ONLY IF Noheck this Address.  Circumstances (including of page 2) If NONE, check this box.  If NONE, check this box.  If NONE, check this box.	Value  Value  Posite  k this box.	THE CONTRACT OF THE CONTRACT O
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)  Name See attached.  Action of the property	employment (See instructions on pg. 2) ONLY IF Noheck this Address.  Circumstances (including of page 2) If NONE, check this box.  If NONE, check this box.  If NONE, check this box.	Value  Value  Value  Positive  k this box.	THE CONTRACT OF THE CONTRACT O
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  A GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)  Name See attached.  AC  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIName and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMB Business (Name and Address)  Transferred (Name and Address)	employment (See instructions on pg. 2) ONLY IF Noheck this Address  Circumstances (including of particular of part	Value  Value  Value  Value  Value  Posite  K this box. Interest Held Relationship Date Transferred n and belief; said affirm	on Held
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name See attached.  Address of Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)  Name See attached.  Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMB Business (Name and Address)  Transferee (Name and Address)	employment (See instructions on pg. 2) ONLY IF Noheck this Address  Circumstances (including a graph of the check this box.  2) If NONE, check this box.	Value  Value  Value  Value  Value  Posits  k this box. Interest Held Relationship Date Transferred in and belief, said affirm t, 65 Pa.C.S. §1109(b)	on Held

# STATEMENT OF FINANCIAL INTERESTS

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

O1 LAST NAME	FIRST NAME  MI SUFFIX  CONTROL  DESCRIPTION  FIRST NAME  MI SUFFIX  FIRST NAME  MI SUFFIX  FIRST NAME  FIRST NAME  FIRST NAME  MI SUFFIX  FIRST NAME  FIRST NAME  MI SUFFIX  FIRST NAME  FIRST
	State Zio Codo Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING T	THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be man  A Candidate (including write-in) C Public Official (Current)	D Public Employee (Current) E Check this block if you are filing
B Nominee C Public Official (Former)	D ( ) Public Employee (Former) as a solicitor
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commission  A  D  R  C  C  C  C  C  C  C  C	INICAL SERVICES
В	seeking hold held
OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate of A D F F I C E D F P U B L	or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.)
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  Director of Charcel Services	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 / / /
da Chebitato (coc monocione en paga a)	NONE, check this box. Interest Rate
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Montgorney County P.O. Box 311 No. 11 Serve  Name PENNS BURG MANGE Add	mployment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Check this block.  Penns burg PA
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	Value of Gift
Source of Oils	Commencer (including description) of Gift
Address of Source of Glft	Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2 Source (Name and Address)	) If NONE, check this box. []
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst Business Entity (Name and Address)	
Name: Add  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFI Name and Address of Business	ress:  7 (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBE Business (Name and Address)	Relationship Date Transferred
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to to the penalties prescribe	the best of said person's knowledge, information and belief; said affirmation being made subject and the Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b).
Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK A	BOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

1 LAST NAME	FIRST NAME MI SUFFIX
Coleman	Amanda J
2	
ACTE OF ACTION AND CONTRACT OF A MATERIAL DESCRIPTION OF A MATERIAL DE	THAT DE ABO VALO CACIAL DEALINES, ADMANDED ON CALANCIAL ACCOUNT ADMINISTRA
	THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS
3 STATUS Check applicable block or blocks, more than one block may be ma	( Crieck (IIIs
A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	D Public Employee (Current) E Check this block if you are filing as a solicitor are amending an original filing
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissio	oner, job title, etc.) seeking hold held
Accounts Payab	
	seeking hold held
5 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 Cou	n + y
6 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
Accounts Payable Manager	Information in Blocks 8 -15 represents disclosure for the calendar year listed here.
8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check to	hie hay V
	alls box.
	MIN DOA. ELT
9 CREDITORS (See instructions on page 2), Creditor (Name and Address) If N	NONE check this how
9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If Name Diamond Credit Union Add	NONE, check this box.  dress 1000 Medical Dr., Pottstown, PA Interest Rate
Name Diamond Ordet Union Add	none, check this box.  dress 1000 Mcdical by Polistown PA Interest Rate  mployment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
Name Diamond Ord 7 Union Add	mployment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name Diamond Credit Union  DIRECTOR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery  Add	mployment. (See instructions on pg. 2) ONLY IF NONE, check this block.  dress 425 Swede St. Norm stown, PA  Interest Rate  (OFFICIAL USE ONLY)
Name Diamond Credit Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  USM - ENCOR	mployment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name Diamond Ored 7 Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  USM - ENCOR	mployment. (See instructions on pg. 2) ONLY IF NONE, check this block.  dress 425 Swede St. Norm stown 1PA
Name Diamond Credit Union  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name Crumy of Montgomery  Add  USM - EMCOR  1  GIFTS (See instructions on page 2) If NONE, check this box.	Interest Rate
Name Diamond Credit Union  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery  Add  USM - ENCOR  1  GIFTS (See instructions on page 2) If NONE, check this box.	Interest Rate
Name Diamond Credit Union  Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name Crumy of Montgonery Add  USM - ENCOR  1  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	Interest Rate
Name Diamond Credit Union  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name Crumy of Montgomery Add  USM - ENCOR  1  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	Interest Rate  Intere
Name Diamond Credit Union  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name Crumy of Montgomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	Interest Rate  Intere
Name Diamond Cold 7 Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  LISM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions)	Interest Rate  Intere
Name Diamond Credit Union  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst Business Entity (Name and Address)	Interest Rate  Intere
Name Diamond Cold 7 Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Business Entity (Name and Address)	Interest Rate  Intere
Name Diamond Cold 7 Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montagomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst  Business Entity (Name and Address)  Name Address of Business	Interest Rate  Intere
Name DIAMOND CLULT UNION  Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name COLMY of Montgomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst  Business Entity (Name and Address)  Name Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBE:	Interest Rate  Intere
Name DIAMOND CLULT UNION  Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  LISM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst Business Entity (Name and Address)  Name Address of Business  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	Interest Rate  NONE, check this box.  dress 1000 Mcdical br, Poffstown DA  Interest Rate  (OFFICIAL USE ONLY)  Arrow Markley St, Namstown, PA  Value of Gift  Circumstances (including description) of Gift  Circumst
Name Diamond Cold 7 Union Add  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montago mery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  Name Address Entity (Name and Address)  Name Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER  Business (Name and Address)  Transferee (Name and Address)  The undersigned here	Interest Rate  Intere
Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er  Name County of Montgomery Add  USM - ENCOR  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See inst Business Entity (Name and Address)  Name Address of Business  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)	Interest Rate  MONE, check this box.  dress 1000 Medical Dr., Poffstown DA  Interest Rate  (OFFICIAL USE ONLY)  Walue of Gift  Circumstances (including description) of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Circumstances (including description) of Gift  Value of Gift  Value of Gift  Value of Gift  Circumstances (including description) of Gift  Circumstances (including des

# STATEMENT OF FINANCIAL INTERESTS

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

Δ1	LAST NAME FIRST NAME MI SUFFIX
01	C O L L I E R T I M O T H Y B
NOT	E: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
D3	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A [	
<b>L</b>	seeking hold held
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 [	M O N T G O M E R Y C O U N T Y
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 - 15 represents  2 0 1 7
A۶	ssistant district attorney    Information in Blocks 8 - 15 represents   2   0   1   7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.
09	Name: Address Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
	Name: Montgomery County  Address:
	Norristown, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
k	Address of Source of Gift  Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
٢	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e. officer, director employee, etc.)
13	Business Entity (Name and Address)  Address
14	Name Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
15	Business (Name and Address)  Relabionship  Data Transferred
	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject
to th	Signat Enter Current Date 3 (15/18)
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY 01 LAST NAME SUFFIX MI 0 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) __ Check this E Check this block if you are filing block if you Candidate (including write-in) D Public Employee (Current) Public Official (Current) are amending Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held 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 SEE INSTRUCTIONS Information in Blocks 8 -15 represents 2 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OPESIAL USE ONLY) check this block. in T Union Mega Value of Gif If NONE, check this box. GIFTS (See instructions on page 2) Source of Gift Address of Source of Gift Circumstances (including description) of Oil -( ) TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (i.e., officer, director, employee, etc.) OFFICE. DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address Md Belle toini Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) Interest Held (i.e., 5%, 10%, etc.) If NONE, check this box. Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred person's knowledge, information and belief; said affirmation being made subject The undersigned to the penalties p Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b). **Enter Current Date** Sign COMPLETED. MAKE A COPY FOR YOUR RECORDS. TH

#### COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX $\mathbf{C}$ 0 r C 0 r а n J o h Α ADDRESS offic NOTE: IF YOU ARE I IMIENTS, DO NOT INCLUDE ANY IHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) block if you D Public Employee (Current) E ... Check this block are amending R İ if you are filing Nominee Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 hold D е t D i r е С t 0 r Ρ 1 i u S а f е t seeking hold heid В 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.) 05 u n t f O М t О n q 0 m е r R OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Deputy Director, Public Safety Information in Blocks 8 -15 represents 2 0 7 1 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 7 250 4 ... $\overline{\sim}$ CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. rest Rate à Address: S DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, TOFFICIAL USE ONLY): eggsz 🗫 Name: Address 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held (i.e., officer, director, Business Entity (Name and Address) employee, etc.) Address:

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

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

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

Signature _____ Enter Current Date ______ January 18, 2018

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

# STATEMENT OF FINANCIAL INTERESTS

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

_										. (	PLEA	SE PI	RINT NEA	TLY							*****					,0 552 (
01	LAST	NAME				,							FIRS	TNAN	ΙE									МІ	SUFFI	×
_	C C	$\frac{2 R }{ R }$	Kι	1 /	<u>η</u>							<u> </u>	J	$\frac{1}{t}$	11	<u> </u>								H		
	IOTE: IF YO	JU ARE I	NCLUD	ING AT	TACHN	IENTS,	DO NO	TINC	L.UDE	E ANY	THING	THA	TBEARS	YOUR	SOCI	AL SEC	CURITY	Y NU	MBER	OR F	INAN	ICIAL	ACCC	TNUC	NUMBI	ERS.
03	STATU	S Che	ck appli	cable b	lock or	olocks, r	nore tha	an one	e bloc	k may	be m	arked.	(See instr	uctions	on pa	age 2)								Cha	ck this	
	а L в [	Cand		cluding	g write-ir	n) (	C1			ial (Cu ial (Fo	urrent) ormer)	0				(Curre	,	E	İ	Check f you a	are fili	ing	لـــــا ا	bloc are a	k if you imendi riginal	u ing
04	PUBLIC	POSITI	ON OR	PUBLI	C OFFK	E (adm	inistrato	or, me	mber	, Com	missio	ner, jo	b title, etc	.) 🔲	seeki	ng		K				held				
Α	ME	m E	3 £	R								Ī			T						<u> </u>	T				
		•					<u> </u>	<u> </u>				1	. I		seekii	na	<u>.</u>	7	hold		L	held		<b>ل</b> ـــ ـــــــــــــــــــــــــــــــــ		
В																						T				
05	GOVERI	NMENTAI	L ENTIT	Y in whi	ich you a	re/were	an Offici	al, Em	ploye	e, Can	didate	or Nor	ninee (e.g.,	dept. a	igency.	author	ity borr	dnuc	hoard	comn	niecia	n coun	ty ech	nal die	triot has	
Α	FA	RIP	1 2	A	ł I	0	P	R	É	ζ	Æ	R	UA	7	1	0	N	Jugin	${\mathcal B}$	0	1	R	P	our dis	inci, iw	p, etc.)
В																										
06	OCCUP	ATION O	R PROI	FESSIC	ON (This	may be	the sa	me as	bloc	k 4)		-	07 YEAI	R SE	E INS	TRUC	TIONS					<u> </u>		1		
	FARM	ier,	/ /	MR	SEA	24 /	אינאינו	,								cks 8 -1 calenda					2	0	1 -	7		
08	REAL E	STATE II	NTERES	STS (Se	ee instru	ctions o	n page	2)	f NOI	NE, ch	eck th	nis bo	<del></del>					note		· _						
09	CREDIT	ORS (Se	e instruc	ctions o	n page	2). Cred	litor (Na	me a	nd Ac	dress	) If N	IONE,	check th	s box.	X			-					=			
	Name:										Add	ress:										Intere	SAN SAN	e 4º	and and and and and and and and and and	
10	DIRECT	OR INDIR	ECT SC	URCE	S OF IN	COME in	rcluding	(but n	ot lim	ited to	) all en	nployn	nent. (See	instruct	ions o	n pg. 2)				_1·		(OFI	FIGIAI	USE	ONLY	)
	Name: (	ORK	um	TR	'ÉÉ	FME	m	1_6			Add	FOC C:	797	R	וחו	سيد ت			s bloc	k	]	-	-		A. 1	
			C12 -			<u>•                                      </u>	e				COL	L E	الالكاد	LÉ	P	A	19	42	_		-		<u></u>			
11	GIFTS (		uctions	on page	e 2) If	NONE,	check 1	this b	ox.				· · · · · ·					: -7.5	<del></del>		1 1 1		02	1		<del></del>
				T						T				"		·					Ī	Valu	e of Gif	t ] [	T	$\neg$
Ł	Address of S	Source of G	l Sift							<u>i</u>	<u> </u>			<u> </u>	Circui	mstance	es (iñölu	iding a	descrip	tion) of	Gift			] . [_		
12	TRANSP	ORTATI	ON, LO	DGING	, HOSP	ITALITY	/ (See i	instru	ctions	on pa	age 2)	If N	ONE, che	k this	box.	X					V	alue				
[	Source (N	ame and A	.ddress)																	<u> </u>		T	Γ.	[		
13	OFFICE,	DIRECT	ORSHIP	OR E	MPLOY	MENT	N ANY	BUSI	NESS	S (Se	e instri	uction	s on page	2) If I	IONE,	checi	this I	oox.				osition employe			cer, dire	ector,
	Business Name: (					FAR	m	4	ے ر			-	1 BR			-		,	a 1 1	· ) #	- 1	PM		,	e	
14		AL INTE	REST IN	Y ANY						_			instruction					•		-	Щ,				10%, e	tc.)
	Name and		M																				4	' ک	%	
15	BUSINES Business (I	S INTER	RESTS T Address)	RANS	FERRE	D TO IN	MEDIA	TE F	AMIL	Y MEI	MBER	(Sec	instructio	ns on p	age 2	) If N	ONE,	chec	1 1	nterest	Held					
Γh^	Transferee				o for-s	ing info	rmeti	io 4		nc	ot t= **	- L-	• af11		for a	I	:	- 47	1 0	Relation Date Tra	ensfer.	red				
o th	undersigne ne penalties	prescr	allims	mat th	ь югедс	ing into	irriation	is true	e and	uthor	ct to th rities) a	e bes and th	t of said po e Public O	erson's fficial a	nd Em	iedge, iployee	informa Ethica	ation s Act	and b , 65 Pa	elief: s a.C.S.	said a \$110	iffirmat 19(b).	ion be	ing m	ade su	bject
	Sig	gnature											F 14.4				Enter	Curr	ent Da	ate <b>_1</b>	HR	11	10	20	18	<u>-</u>
	TH	IIS FO		, enqu	N	, PET 1	SILENT	1 4		Loc	K AB	OVE	IS NOT (	ОМР	LETE	D M							_			

#### STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PR	RINT NEATLY	(/	17) 783-1610 • TOLL FREE 1-800-932-09
01 LAST NAME		FIRST NAME		MI SUFFIX
C o r r e i a		E v a n		R
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, I	OO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL SECURI	TY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS
<del></del>	nore than one block may be marked.			
A Candidate (including write-in)	r		E Check this	
B Nominee C	Public Official (Former) D	Public Employee (Former)	if you are as a solici	9
04 PUBLIC POSITION OR PUBLIC OFFICE (admi		b title, etc.) seeking	hold	held
A A s s i s t a n t	Distr	ict At	t o r r	ı е у
_		seeking	hold	held
B				
05 GOVERNMENTAL ENTITY in which you are/were a	n Official, Employee, Candidate or Non	ninee (e.g., dept, agency, authority, bo	prough, board, commiss	ion, county, school district, twp, etc.)
^ M O N T G O M E R	Y C O U N	TY		
В				
06 OCCUPATION OR PROFESSION (This may be	the come on black (1)	O7 VEAD CEE MOTOURIES		
Assistant District Attorn		07 YEAR SEE INSTRUCTION Information in Blocks 8 -15 re	presents 2	0 1 7
08 REAL ESTATE INTERESTS (See instructions o		disclosure for the calendar ye	ar listed here:	
	m page 2) IT HONE, theth this bu	^. (==)		
09 CREDITORS (See instructions on page 2). Cred	tor (Name and Address) If NONE.	check this box.		
OP CREDITORS (See instructions on page 2). Cred Name: Student Loans	tor (Name and Address) If NONE, Address:	check this box.		Interest Rate
_{Name} Student Loans	Address:			Various
_{Name} Student Loans	Address:	ent. (See instructions on pg. 2) ON	ILY IF NONE, eck this block.	
_{Name} Student Loans	Address:	ent. (See instructions on pg. 2) ON		Various (OFFICIAL USE ONLY)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in	Address:  cluding (but not limited to) all employm  Address:	ent. (See instructions on pg. 2) ON		Various (OFFICIAL USE ONLY)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in	Address:  cluding (but not limited to) all employm  Address:	ent. (See instructions on pg. 2) ON		Various (OFFICIAL USE ONLY)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in  Name  11 GIFTS (See instructions on page 2) If NONE,	Address:  cluding (but not limited to) all employm  Address:	nent. (See instructions on pg. 2) ON	eck this block.	Various  (OFFICIAL USE ONLY)
Name Student Loans  10 DIRECT OR INDIRECT SOURCES OF INCOME in  Name  11 GIFTS (See instructions on page 2) If NONE,	Address:  cluding (but not limited to) all employm  Address:	nent. (See instructions on pg. 2) ON ch	cluding description) of Sift	Various (OFFICIAL USE ONLY)
Name: Student Loans  10 DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY	Address:  Cluding (but not limited to) all employm  Address:  Check this box.	nent. (See instructions on pg. 2) ON ch	cluding description) of Sift	Various  (OFFICIAL USE ONLY)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift	Address:  Cluding (but not limited to) all employm  Address:  Check this box.	nent. (See instructions on pg. 2) ON ch	cluding description) of Sift	Value of Gift
Name: Student Loans  10 DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)	Address: Address: Address: Address: Check this box.	Circumstances (inc	cluding descaption) of Sif	Various (OFFICIAL USE ONLY)
Name Student Loans  10 DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY	Address: Address: Address: Address: Check this box.	Circumstances (inc	cluding descaption) of Sif	Various (OFFICIAL USE ONLY)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name	Address:  Cluding (but not limited to) all employm Address:  Check this box.  (See instructions on page 2) If Note that the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pr	Circumstances (in ONE, check this	s box.	Various  (OFFICIAL USE ONLY)  Value of Gift  Position Held (i.e., officer director, employee, etc.)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name	Address:  Cluding (but not limited to) all employm Address:  Check this box.  (See instructions on page 2) If Note that the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pr	Circumstances (in ONE, check this	s box.	Various  (OFFICIAL USE ONLY)  Value of Gift  Value  Position Held (i.e., officer director,
Name  DIRECT OR INDIRECT SOURCES OF INCOME in  Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  DIFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business	Address:  Address:  Address:  Address:  Check this box.  (See instructions on page 2) If Note that the page 2 instructions and page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the p	Circumstances (inc.)  ONE, check this box.	s box.	Value of Site Position Held (i.e. officer director. employee etc.)
Name  DIRECT OR INDIRECT SOURCES OF INCOME in  Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business	Address:  Address:  Address:  Address:  Check this box.  (See instructions on page 2) If Note that the page 2 instructions and page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the p	Circumstances (inc.)  ONE, check this box.	s box	Value of Gift  Position Held (i.e. officer director. employee, etc.)
Name  DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IN Business (Name and Address)  Transferee (Name and Address)	Address: Address: Address: Address: Check this box.  (See instructions on page 2) If None Address: Address: N ANY BUSINESS (See instructions Address: IN BUSINESS FOR PROFIT (See	Circumstances (inc.)  ONE, check this box.  Instructions on page 2) If NONE, check this instructions on page 2) If NONE	s box	Various  (OFFICIAL USE ONLY)  Value of Gift  Position Held (i.e. officer director. employee etc.)  Interest Held (i.e. 5%, 10%, etc.)
Name  10 DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT II Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IN Business (Name and Address)	Address:  Address:  Address:  Check this box.  (See instructions on page 2) If None Address:  Address:  N ANY BUSINESS (See instructions:  Address.  IN BUSINESS FOR PROFIT (See  MEDIATE FAMILY MEMBER (See	Circumstances (income on page 2) If NONE, check this box. Instructions on page 2) If NONE instructions on page 2) If NONE	cluding description) of Gfl s box.  check this box.  Interest Hel Relationship mation and belief; said	Value of Gift  Value of Gift  Position Held (i.e. officer director. employee, etc.)  Interest Held (i.e. 5%, 10%, etc.)
Name Student Loans  DIRECT OR INDIRECT SOURCES OF INCOME in Name  11 GIFTS (See instructions on page 2) If NONE, Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)  Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IN Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the supplied of the suppl	Address:  Address:  Address:  Check this box.  (See instructions on page 2) If Note that the page 2 instructions and page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in t	Circumstances (income on page 2) If NONE, check this box.  Instructions on page 2) If NONE  Instructions on page 2) If NONE  Instructions on page 2) If NONE  Instructions on page 2) If NONE	s box. Interest Hel Relationship mation and belief; said ics Act. 65 Pa.C.S. \$1 er Current Date	Value of Gift  Value of Gift  Position Held (i.e. officer director. employee, etc.)  Interest Held (i.e. 5%, 10%, etc.)

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV, 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME Mf SUFFIX COVER ڪ 02 NOTE: 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) _ Check this C Public Official (Current) A Candidate (including write-in) D Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor B ___ Nominee C Public Official (Former) D Public Employee (Former) an original filling PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold heid seeking hold __ held В 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. 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name Address: 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. Value ... Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, Business Entity (Name and Address) Address 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

5 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)

Transferee (Name and Address)

THIS

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

Signatu Enter Current Date

OCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Date Transferred

e best of said person's knowledge, information and belief; said affirmation being made subject

Enter Current Date __

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

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

Transferee (Name and Address)

The undersigned hereby affirms that the

to the penalties prescribed by 18 Pa.C.S

Signature ___

THIS FORM IS CONSID

# STATEMENT OF FINANCIAL INTERESTS

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

			MI SUFFIX
01	CASTRAME	D S E P H	
02	2		
NO	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS Y	OUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
03	A Candidate (including write-in) C Public Official (Current) D	uctions on page 2) lic Employee (Current) E Check this if you are as a solici	filing are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.	seeking X hold	held
A [	HEALTH EDUCATOR		
		seeking hold	held
В			
05 A	OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g.		sion, county, school district, twp, etc.)
в			
	06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEA	R SEE INSTRUCTIONS.	
06 	Infor	rmation in Blocks 8 -15 represents losure for the calendar year listed here:	οιη
08			
	•		
09	OP CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check the Name:  Address:	ils box.	Interest Rate
10	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: COUNTY OF MONTGO MERY Address: 425	swedest this block.	
	Name: COUNTY OF PIONICSOPIUS Address TES	TOWN, PA 19401	F.3
11	O WNONE object that have		
I.	Source of Gift		Value of Gift.
	Address of Source of Gift	Circumstances (including description) of G	
12	12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, ch Source (Name and Address)	eck this box.	Value
13	13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on pag Business Entity (Name and Address)	e 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
	Name: Address:		Interest Held (i.e., 5%, 10%, etc.)
14	14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction Name and Address of Business	ons on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
15	15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruct Business (Name and Address)	ions on page 2) If NONE, check this box. Interest F	teld .
	Transferee (Name and Address)	Date Tra	nsferred
	The undersigned hereby affirms that the foregoing information is true and correct to the best of said to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penal	Official and Employee Ethics Act, 65 Pa.C.S.	§1109(b).
	Signature	Enter Current Date	(7/18
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT	COMPLETED. MAKE A COPY FOR Y	OUR RECORDS.

COMMONWEALTH OF PLINNGYLVANI A SEC 1 REV (1918

### STATEMENT OF FINANCIAL INTERESTS

PENNGYI VANIA STATUT 1900 GOVMIESIGN (747) 783-1610 • TOLL FREI 1-860 932-0036

PERMIT PORT REALET	
CRANE   FIRST NAME   MI SUFFIX	
02	
SOFT IN TOU MIGHTHANDERS AND ACTIMENTS, DO STOT MICEMENTANTE FINAL MEASON YOUN SOCIAL SECURITY HURIGE PROCEEDING NUMBER F	RE.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this	
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) F Check this block if you are filing as a solicitor check this block if you are filing as a solicitor check this block if you are filing an original file.	ıg
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job little, etc.) seeking hold held  A C O M M U W I T Y HEALT HED U C A T O R	
secking   hold   held	-
35 GOVERNMENTAL ENTITY in which you are /were an Official, Employee, Candidate or Novinee (e.g., dept, accords, defrontly, horosom, locard, commission, county, school district, lwp	eto)
MINDRIED MICRY COUNTY	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR—SEE INSTRUCTIONS.	
Community Health Calvator Information in Blocks B - 15 represents disclosure for the calcular year listed hore 2 0 1 7	
08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box.	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  Name: Toyot a Francisco Address 40 60 rates Rd.   Interest Rate Got	<u></u>
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)	)
check this block.	
Name Augusts	
	_
11 GIFTS (See instructions on page 2) If NONE, check this box. Value of čilit 1 Value of čilit 1 Value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of čilit 1 value of či	
Audrinss of Source of Gift  Groumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	1
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Decition Hold to confirm direct direct direct properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the pro	c:01,
Notice: Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Hold (196, 5%, 10%, 10) Name and Address of Business	tc)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	
Genuress (Name and Address)  success (Name and Address)	
Transferor (Name and Address)  Date Transferor  Onte Transferor  Date Transferor  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made substances.	bject
to the penalties presented and Employee Ethics Act, 65 Pa.C.S. \$1109(b).	
L(1×1)1/1	

### STATEMENT OF FINANCIAL INTERESTS

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

	LAST	NAME												FIRST	NAME									MJ	su	FFIX
	DA	N	1 8	L	5									C   4	IR	1	s   1	ح ا د	)   F	'   H	i l	EK	2	E		
-				<u> </u>				<u> </u>							1	1					- '				_	
	AD																									
21	TE: IF YO	OU ARE I	NCLUDI	NG AT	TACHM	ENTS.	DO	NOT	INCI	LUDE	ANYT	THING	THAT B	ARS Y	OUR SO	OCIAL S	ECURI	TY NL	JMBE	R OR	FINA	VCIA	L AC	COUN	T NU	MBERS.
_																-										
	STATU						_	_			-		rked. (Se	~									[		heck f ock if	
	A L		•	duding	write-in		С L . г	_		Offic			D 2	7	ic Emplo	• •		Ε	Ш	Check if you	are fil	ing		ar	e ame	nding
	ВЦ	Nomi	nee				2 L	P	ublic	Offic	ial (Fo	rmer)	DL	] Publ	ic Emplo	oyee (Fo	rmer)			asas	olicito	r		-	origi	nal filing
	PUBLIC	POSITI	ON OR F	UBLIC	OFFIC	E (adm	ninis	strator	r, me	mber,	, Comr	missio	ner, job t	le, etc.	) <u> </u> se	eking			hold		Щ	held				
Þ	4 5	5	I S	T	A	V   7	-		O	1	\$	1	RI	1	. 7	1	りし	T	0	R	N	E	Y	<b>'</b>		
															s	eking			hold			held				
_	Т	Т		ļ								1					T	T	1	7	T	T	1	<u> </u>	$\top$	
				1	<u></u>			į	<u> </u>	<u> </u>		<u> </u>	<u></u>		1						<u> </u>		Ш.			
	GOVER	NMENTA	ENTIT	ín whi	ch you a	e/were	an (	Officia	al, Em	nploye	e, Can	didate	or Nomine	e (e.g.,	dept, age	ency, aut	nority, b	orough	ı, boar	rd, com	missio	n, co	unty,	school	distric	t, twp, etc
J	мо	N	ГG	0	М	E F	<b>۲</b>	Y		С	To	U	N	Y												
_		1 _,		1 -								1	<u> </u>		1		!					<u>.                                    </u>				
		.4710116	5 DDO		N. / 776:-		- 46			- 1-1	l. 4\		10	YEAR		INSTRU	ICTIO	IC.								
	A.	PATION C	K PRUI	ESSK	M (Tais	may b	e (n	e san	ne as	SDIDC	K 4)		1		nation in				nts	٦	2	0	1	7	1	
/	1 AL 🗚	N																11. 4				v				
	REAL E	TORS (Se										) If N	is box.	disclo		the cale	ndar ye	ear jist	ed ne	re: [			erest		<u> </u>	
4	CREDIT	ESTATE I	e instruc	ctions o	n page	2). Cre	dito	er (Nar	me a	and Ad	ddress)	) If N	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON	E		Inte	erest		SE O	NLY)
	CREDITINAME:	TORS (Se	e instruc	ctions o	n page	2). Cre	dito	er (Nar	me a	and Ad	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON			Inte	erest	Rate		·
	CREDIT	TORS (Se	e instruc	ctions o	n page	2). Cre	dito	er (Nar	me a	and Ad	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON	E		Inte	erest	Rate	". 21 ₂₂₂	i ii inpegir
	CREDIT Name: DIRECT	TORS (Se	e instruc	etions o	on page	2). Cre	dito	uding	(but r	not lim	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON	E		Inte (C	erest OFFI(	Rate	E	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	CREDIT Name: DIRECT	TORS (See inst	e instruc	etions o	on page	2). Cre	dito	uding	(but r	not lim	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON	E, ock.		Inte (C	erest OFFIC	Rate	". 21 ₂₂₂	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	CREDIT Name: DIRECT Name:	TORS (See inst	e instruc	etions o	on page	2). Cre	dito	uding	(but r	not lim	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	2) 01	JI V IE	NON	E, ock.	×	Inte (C	erest OFFI(	Rate	E	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	CREDITINAME:  DIRECT Name:  GIFTS Source of	TORS (See inst	e instruc	etions o	on page	2). Cre	dito	uding	(but r	not lim	ddress)	) If N Add	IONE, ch	disclo	s box.	<b>x</b>	. 2) OI	NLY IF	NON nis ble	E, ock.	× O	Inte (C	DFFI0	Rate	8, 11 (1) 8, 2 ² (2) 2 (1) 1 (1)	A company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp
	CREDITINAME:  DIRECT  Name:  GIFTS  Source of	TORS (See Institute of Gift	e instructions	OURCE	S OF IN	2). Cre	ditorinclu	uding	(but r	not lim	nited to	) If N Add	IONE, chiress.	eck thi	s box.	ons on po	. 2) Of ch	NLY IF	NON nis ble	E, ock.	× of one	Inte	OFFICE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTR	Rate	Electrical services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the ser	A company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp
- !	CREDITINAME:  DIRECT  Name:  GIFTS  Source of	TORS (See inst	e instructions  uctions  Gift	OURCE	S OF IN	2). Cre	ditorinclu	uding	(but r	not lim	nited to	) If N Add	IONE, chiress.	eck thi	s box.	ons on po	. 2) Of ch	NLY IF	NON nis ble	E, ock.	× of one	Inte (C	OFFICE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTR	Rate		A SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO SANGE TO S
- !	CREDITINAME:  DIRECT  Name:  GIFTS  Source of	TORS (See Institute of Gift	e instructions  uctions  Gift	OURCE	S OF IN	2). Cre	ditorinclu	uding	(but r	not lim	nited to	) If N Add	IONE, chiress.	eck thi	s box.	ons on po	. 2) Of ch	NLY IF	NON nis ble	E, ock.	× of one	Inte	OFFICE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTR	Rate		A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR
- ! · · · · · · · · · · · · · · · · · ·	CREDITINAME:  DIRECT  Name:  GIFTS  Source of	TORS (See instited of Gift Source of Sportation and Institute of Source of Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute of Sportation and Institute o	e instructions uctions Gift ON, LO	URCE	S OF INC	NONE	inclu	uding (	(but r	not lim	nited to	) If N Add	IONE, chiress:	eck thi	s box.	ons on po	ch (iii	NLY IF IF IF IF IF IF IF IF IF IF IF IF IF	NON nis ble	E, ock.	× of one	Inte (C	erest  DFFIC	Rate CIAL U	Electrical services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the ser	A many many many many many many many many
!	CREDITINAME:  DIRECT Name:  GIFTS Source of TRANS: Source (f)  OFFICE Busines	CSee institution of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	e instructions  Gift  ON, LO  kddress)	DURCE	e 2) If	NONE	ditol	uding (	(but r	not lim	nited to	) If N Add	If NON	eck thi  (See	s box. instruction	Circumst	. 2) Ol cl	NLY IF Beck th	NON description	E, Cock.	× of one	Inte (C	DFFI(C)	Rate CIAL U	Section 1	r, director,
	CREDITINAME.  DIRECT  Name.  GIFTS Source of  TRANS Source (Name)	TORS (See Institute of Gift  Source of PORTAT  Name and	e instructions  Uctions  ON, LO  Address)  ORSHII	DGING	s OF INC	NONE ITALIT	incluincluincluincluincluincluincluinclu	uding s	this t	not lim	s on pa	) If N Add	IONE, chiress:  Inployment Iress:  If NON	E, chec	s box. instruction ck this I	Circumstoox.	ances (in	NLY IF Deck the cluding	NON nis ble	E, ock.	<b>★</b>	Interior (CC	OFFICE CO.	Rate	office	r, director,
	CREDITINAME.  DIRECT  Name.  GIFTS Source of TRANS: Source (F	(See institution of Gift  (See institution of Gift  FORTAT  Name and  E, DIREC'  SE Entity (	e instructions  Uctions  ON, LO  (ddress)  ORSHII Name and	DGING  DGING  DAY  DAY  DAY  DAY  DAY  DAY  DAY  DA	s OF INC	NONE ITALIT	incluincluincluincluincluincluincluinclu	uding s	this t	not lim	s on pa	) If N Add	IONE, chiress:  Inployment Iress:  If NON	E, chec	s box. instruction ck this I	Circumstoox.	ances (in	NLY IF Deck the cluding	NON nis ble	E, ock.	<b>★</b>	Interior (CC	OFFICE CO.	Rate	office	r, director,
- !	CREDITINAME.  DIRECT  Name.  GIFTS Source of TRANS: Source (F	TORS (See Institute of Gift  Source of PORTAT  Name and	e instructions  Uctions  ON, LO  (ddress)  ORSHII Name and	DGING  DGING  DAY  DAY  DAY  DAY  DAY  DAY  DAY  DA	s OF INC	NONE ITALIT	incluincluincluincluincluincluincluinclu	uding s	this t	not lim	s on pa	) If N Add	IONE, chiress:  Inployment Iress:  If NON	E, chec	s box. instruction ck this I	Circumstoox.	ances (in	NLY IF Deck the cluding	NON nis ble	E, ock.	<b>★</b>	Interior (CC	OFFICE CO.	Rate	office	r, director,
	CREDITINAME:  DIRECT  Name:  GIFTS  Source of  TRANS: Source (f)  OFFICE Busines  Name: FINANC  Name and	(See instited of Grit Source of Grit Source of Grit Source of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control of Grit See Entity (Control	e instructions  Gift  ON, LO  (ddress)  ORSHII  VAME and  REST II  of Busines	DURCE  on pag  P, OR E  Address  N ANY	e 2) If	NONE  NONE  HTALIT  MENT  LAA	incluincluincluincluincluincluincluinclu	uding (See i	(but r	not lim	s on pa	) If N Add	If NON uctions of	E, check this page	s box. instruction ck this I	Circumstoox.	ances (iii	NLY IF	NON nis blo	E, ock.		Inte	OFFICE CO.	Rate	office	r, director,
	CREDITINAME.  DIRECT  Name:  GIFTS  Source of  TRANS: Source (f)  OFFICE Busines  Name L  FINANC Name and	(See institution of Gift  (See institution of Gift  FORTAT  Name and  E, DIREC'  SE Entity (	e instructions  Uctions  Gift  ON, LO  Address)  FORSHII  Name and  REST II  F Busines	DGING  DGING  Address  N ANY	e 2) If	NONE  NONE  HTALIT  MENT  LAA	incluincluincluincluincluincluincluinclu	uding (See i	(but r	not lim	s on pa	) If N Add	If NON uctions of	E, check this page	s box. instruction ck this I	Circumstoox.	ances (iii	NLY IF	NON nis blo	E, ock.	x. <del>X</del>	Interior (CC)	OFFICE CO.	Rate	office	r, director,
	CREDITINAME.  DIRECT  Name.  GIFTS Source of  TRANS Source (Name.  FINANC Name and  BUSINE Business	(See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution o	e instructions  RECT SC  uctions  Gift  ON, LO  kddress)  FREST II  Address  I Address	DGING  DGING  NANY  TRANS	e 2) If	NONE NONE ENTIT	dito	neck t  ANY  MEDIA	this I	box.  Jaction:	s on pa	) If N Add	If NON  uctions c (See inst	E, check this page as y 91 truction	s box. instruction ck this I 2) If N Gla is on pa	Circumst  ONE, cl  dunc  ge 2)	eck th	NLY IF	NON his ble	E, ock.	x. X sst Helcionship	Interior (CC)	DFFIG	Rate CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  C  CIAL U  C  CIAL U  C  C  C  C  C  C  C  C  C  C  C  C  C	( office	r, director,
	REAL E  CREDITI Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (f)  OFFICE Busines  FINANC Name and  BUSINE Business  Transfere Indersign	(See institution of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	e instructions  EECT SC  uctions  Gift  ON, LO  kddress)  TORSHII  Name and  REST II  of Busines  and Address  and Address  y affirm	DGING  DGING  NANY  TRANS	e 2) If	NONE NONE ENTIT	dito	neck t  ANY  MEDIA	this I	box.  Jaction:	s on pa	) If N Add	If NON  uctions coass. Po 4  (See instance)	E, check this struction	s box. instruction ck this I 2) If N Gla is on pa	Circumst.  Circumst.  ONE, cl.  dumo ge 2)	eck th	NLY IF	NON nis ble	E, ock.	x. & x. sst Helcionship	Interior (CC)	DFFIG.	Rate CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  C  CIAL U  C  CIAL U  C  C  C  C  C  C  C  C  C  C  C  C  C	( office	r, director,
	REAL E  CREDITI Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (f)  OFFICE Busines  FINANC Name and  BUSINE Business  Transfere Indersign	(See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution of Gift  (See institution o	e instructions  EECT SC  uctions  Gift  ON, LO  kddress)  TORSHII  Name and  REST II  of Busines  and Address  and Address  y affirm	DGING  DGING  NANY  TRANS	e 2) If	NONE NONE ENTIT	dito	neck t  ANY  MEDIA	this I	box.  Jaction:	s on pa	) If N Add	If NON  uctions coass. Po 4  (See instance)	E, check this struction	s box. instruction ck this I 2) If N Gla is on pa	Circumst.  Circumst.  ONE, cl.  dumo ge 2)	eck th	NLY IF seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck the seck	NON his ble	E, ock.	x. & x. sst Helcionship	Interior (CC)	DFFIG.	Rate CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  CIAL U  C  CIAL U  C  CIAL U  C  C  C  C  C  C  C  C  C  C  C  C  C	( office	r, director,
	CREDITINAME:  DIRECT  Name:  GIFTS Source of  TRANS Source (h  OFFICE Busines  FINANC Name and  BUSINE Business  Transfere Indersign penaltie	(See institution of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	e instructions  Uctions  Gift  ON, LO  Address)  REST II  Address  I Address  y affirm bed by 1	DGING  DGING  NANY  TRANS	e 2) If	NONE NONE ENTIT	dito	neck t  ANY  MEDIA	this I	box.  Jaction:	s on pa	) If N Add	If NON  If NON  Uctions of See instance in the best of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of	E, check this contraction page truction struction struction	s box. instruction ck this I 2) If N Gla is on pa	Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circumstone Circum	eck the PA	Is box	NON nis ble	E, ock.	x. X st Helcionship fr, said S. §1	Value Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positive Positi	alue of Commattion Heliopee.	Rate CIAL U  Ordination Ciat (i.e. etc.)	c office	r, director,

COMMONWEALTH OF PENNSYLVANIA

#### STATEMENT OF FINANCIAL INTERESTS

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

~-	SEC-1 REV. 01/17 STATEMENT OF FINANCIAL INTERES 15 (717) 783-1610 • TOLL FREE 1-800-9.	
01	LAST NAME    FIRST NAME	]
02		
 NO1	E: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER:	<b>S</b> .
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending an original filling as a solicitor	ng
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	_
A [	Residential ASSESSON	]
_	seeking hold held	-
В		J
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, e	tc.)
A []	= m 0 1 10 y e e	
в		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.	<del></del> -
Re	Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 / 8	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
81	1) Green Woll) Ave Collegeville VA 19926	_
	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address: UU LISS KUS RD  Interest Rate	
	Collegeville 12 1990	
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		
	Name: VA Disability  Address: 3900 WODIAND AVE  [N/A PA 19104]	_
	Name: VA DiSAbility  Address: 3900 William Ave  Address: 3900 William Ave  Address: 3900 William Ave  Address: 3900 William Ave  Address: 3900 William Ave  Walue of Gift  Value of Gift	<del></del>
11	Address: 3900 William Ave  White particular of Gift  Address: 3900 William Ave  White particular of Gift  Value of Gift  Value of Gift  Value of Gift	
11	Address: 3900 WWW Ave  White particular of Source of Gift  Address of Source of Gift  Circumstances (including description) of Gift	 _ ]
11	Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Address: 390 WWW AVE  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	
11	Address: 3910 WINIWAD AVE  Address: 3910 WINIWAD AVE  Address: 3910 WINIWAD AVE  Address: 3910 WINIWAD AVE  Address: 3910 WINIWAD AVE  From the check this block.  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)	
11	Address: 3900 VIDIND AVE    Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Address: 3900 VIDIND AVE   Circumstances (including description) of Gift	] 
11 12 13	Address: 3900 WWW AVE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  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 (i.e., officer, direct employee, etc.)  Position Held (i.e., officer, direct employee, etc.)  Position Held (i.e., officer, direct employee, etc.)	QJe
11 12 13	Address: 3900 VIDDIAND AVE    Wall   PA   1910 4	QJe
11 12 13	Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Address: 390 Vill M AVE  Circumstances (including description) of Gitt  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value C.)  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value C.)  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Address: 485 Devia for the dispersion of Gitt  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer, direct employee, etc.)  Position Held (i.a., officer,	QJe
11 12 13 14	Address: 390 VIVILADIAND AVE    Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Address: 390 VIVILADIAND AVE   Value of St. Velue of	<u>Q</u> Je _
11 12 13 14 15 The c	Address: 390 Vill MAVE    Address: 390 Vill MAVE   Ave   <u>Q</u> Je _	

A SEC-1 REV. 01/18		VANCIAL INTERESTS RINT NEATLY	PENNSY! (717) 1	LVANIA STATE ETHICS COMMISSIO 783-1610 • TOLL FREE 1-800-932-093
01 LAST NAME		FIRST NAME		MI SUFFIX
DEKMAR		AUUAMA		[ [ ]
02 ADDRES				
NOTE: IF YOU ARE INCLUDING ATTACHMEN	rs, do not include anything tha	T SEARS YOUR SOCIAL SECURITY NO	JMBER OR FINAN	CIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or bloc	ks, more than one block may be marked	(See instructions on page 2)		Check this
A Candidate (including write-in)  B Nominee		Public Employee (Current) E  Public Employee (Former)	Check this bi if you are filir as a solicitor	block if you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (	administrator, member, Commissioner, j	ob title, etc.) a seeking	hold 🔲 t	neld
A E N U 1 8 0 N W	ENTALHE	ALTHSPE	( 1 A	1157
	T	seeking	hold 🗔	netd
3				
GOVERNMENTAL ENTITY in which you are/	ere an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough	n, board, commission	, county, school district, twp. etc.)
MONTGOME	RY COUN	7 4		
6 DCCUPATION OR PROFESSION (This ma	y be the same as block 4)	07 YEAR SEE INSTRUCTIONS.		
Enuranmental Health 5	necialist	Information in Blocks 8 -15 represe disclosure for the calendar year list	ents led here: 2	0 1 7
8 REAL ESTATE INTERESTS (See instruction		<del></del>		
9 CREDITORS (See instructions on page 2).	Creditor (Name and Address) If NONE	check this box.		TO THE PERSON AS
Name.	Address			Interest Rate
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ment (See instructions on pg. 2) ONLY #	NONE,	(OFFICIAL USE ONLY)
0 DIRECT OR INDIRECT SOURCES OF INCO	ME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY # check to	his block.	
	ME including (but not limited to) all employ	ment (See instructions on pg. 2) CANLY IF check to 425 Swede St., Warristo	his block.	
DIRECT OR INDIRECT SOURCES OF INCOINANTE MANAGEMENT County,  1 GIFTS (See instructions on page 2) If NO	ME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY # check to	his block.	
DIRECT OR INDIRECT SOURCES OF INCO	ME including (but not limited to) all employ	ment (See instructions on pg. 2) CANLY IF check to 425 Swede St., Warristo	his block.	
DIRECT OR INDIRECT SOURCES OF INCO	ME including (but not limited to) all employ	ment (See instructions on pg. 2) ONLY # check the St. Warris and PA 1940)	his block.	(OFFICIAL USE ONLY)
Direct or Indirect Sources of Incol Name: Managemen County  Gently  Gift's (See instructions on page 2) If incol Source of Gift  Address of Source of Gift	ME including (but not limited to) all employ  PA  Address:  INE, check this box. X	ment. (See instructions on pg. 2) CARLY IF check the UZS Swede St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now	g description) of Gift	(OFFICIAL USE ONLY)
DHRECT OR INDIRECT SOURCES OF INCO  Name: Wantgomer Country  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift	ME including (but not limited to) all employ  PA  Address:  INE, check this box. X	ment. (See instructions on pg. 2) CARLY IF check the UZS Swede St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now St. Now	g description) of Gift	(OFFICIAL USE ONLY)
Direct or Indirect sources of Incol  Name: NYANAGAMA-J. County  1 GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITA Source (Name and Aggress)	ME including (but not limited to) all employ  PA  Address:  DNE, check this box. X  LITY (See instructions on page 2) If I	ment. (See instructions on pg. 2) CARLY IF check the Mar Stands St. Mar Stands St. Mar Stands (Including Chromesances (Including Cone, check this box.	g description) of Gift	(OFFICIAL USE ONLY)
DHRECT OR INDIRECT SOURCES OF INCOMPANDE INCOMPAND COMPAND COM	ME including (but not limited to) all employ  PA  Address:  DNE, check this box. X  LITY (See instructions on page 2) If I	ment. (See instructions on pg. 2) CARLY IF check the Mar Stands St. Mar Stands St. Mar Stands (Including Chromesances (Including Cone, check this box.	g description) of Gift	(OFFICIAL USE ONLY)
DHRECT OR INDIRECT SOURCES OF INCO  Name: INCANSONUM Country  11 GIFTS (See instructions on page 2) If NC Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  DIFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name.	ME including (but not limited to) all employ  PA  Anchess:  INE, check this box.   INELITY (See instructions on page 2) If I  ENT IN ANY BUSINESS (See instructions  Address:	ment. (See instructions on pg. 2) ONLY if check the U2S Suede St. Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo	g description) of Gift	(OFFICIAL USE ONLY)  Value of Gift  slive  Position Heid (i.e., officer, director, employee, etc.)
Direct or Indirect sources of Incol  Name: Nantgoward County  1 GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)	ME including (but not limited to) all employ  PA  Anchess:  INE, check this box.   INELITY (See instructions on page 2) If I  ENT IN ANY BUSINESS (See instructions  Address:	ment. (See instructions on pg. 2) ONLY if check the U2S Suede St. Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo Warristo	g description) of Gift	(OFFICIAL USE ONLY)  Value of Gift  slive  Position Heid (i.e., officer, director, employee, etc.)
10 DIRECT OR INDIRECT SOURCES OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO PROPERTY OF INCOMPANDED TO	ME including (but not limited to) all employ  PA  Address:  INE, check this box. X  INTY (See instructions on page 2) If I  ENT IN ANY BUSINESS (See instructions on page 2) If I  Address:  ITITY IN BUSINESS FOR PROFIT (See	ment. (See instructions on pg. 2) ONLY IF check the Check the St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw St. Naw	g description) of Gift  V  ack this box.	(OFFICIAL USE ONLY)  Value of Gift  slive  Position Heid (i.e., officer, director, employee, etc.)
10 DIRECT OR INDIRECT SOURCES OF INCO  Name: Wantegman County  11 GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, MOSPITA Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name  14 FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED  Business (Name and Address)  Transferee (Name and Address)	ME including (but not limited to) all employ  PA  Address:  INE, check this box.   INE, check this box.   INTY (See instructions on page 2) If I  INTY IN ANY BUSINESS (See instructions on page 3) If I  INTY IN BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR PROFIT (See INSTRUCTION BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FOR BUSINESS FO	Circumstances (including ton page 2) If NONE, checket the box is page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 2) If NONE, checket this box is instructions on page 3.	g description) of Gift  V  ck this box.   interest Held Refationship  Bute Transfer	Value of Giff  Value of Giff  alue  Position Heid (i.e., officer, director, employee, etc.)  Interest Heid (i.e., 5%, 10%, etc.)
DHRECT OR INDIRECT SOURCES OF INCO  Name: Wankgown Country  II GIFTS (See instructions on page 2) If MC Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  Name:  II FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  Business Entity (Name and Address)  Business (Name and Address)	ME including (but not limited to) all employ  PA  Address:  INE, check this box.   INE CHECK THIS BUSINESS (See instructions on page 2) If I  ENT IN ANY BUSINESS (See instructions on page 2) If I  ENT IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See	ment. (See instructions on pg. 2) ONLY if check the UZS Suede St. Marxistal Check the UZS Suede St. Marxistal Check the UZS Suede St. Marxistal Check this box. (Check this box on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 3.	g description) of Gift  V  ack this box.   ack this box.   fineral Held fineral Held fineral Held fineral Held for the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of	Value of Giff  Value of Giff  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Direct or indirect sources of incompanies (Name Name Name Name Name Name Name Name	ME including (but not limited to) all employ  PA  Address:  DNE, check this box.  LITY (See instructions on page 2) If I  ENT IN ANY BUSINESS (See instruction  Address:  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (See  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR PROFIT (SEE  ITITY IN BUSINESS FOR	ment. (See instructions on pg. 2) ONLY if check the UZS Suede St. Marxistal Check the UZS Suede St. Marxistal Check the UZS Suede St. Marxistal Check this box. (Check this box on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 2) If NONE, check this box is instructions on page 3.	g description) of Gift  V  ack this box.   ack this box.   finerest Held finerest Held finerest Held for Transfer on and belief; said lock, 65 Pa.C.S. \$11 ctr.   urrent Date  4.2	Value of Giff  Value of Giff  Position Held (i.e., officer, director, employee, etc.)  red  affirmation being made subject 09(b).

### STATEMENT OF FINANCIAL INTERESTS

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

_																																
01	LA	ASTN	AME														F	IRST	NAM	£					_					Mi	em	FFIX
	D	E	s	I	1 (	1 C	aΤ		T	T	1	T		$\top$		7	Гм	T _			, ,	<b>N</b> .	ьТ.		- 1				7 6			
_		1	12		<u>'</u> '	J 1	<u> </u>		<u> </u>		Щ.		<u> </u>	Ш_	L_		14.	I A	,   r	}   C		<u> </u>	R   :	E 5					J L	L		<u> </u>
02																																
N	OTE: I	IF YO	U AR	E INC	LUD	ING A	TTAC	CHM	/ENT	TS. Do	O NOT	LINCE	UDE	ANY	THING	ТНАТ	BEA	RS Y	אוור	SOCIA	11 81	CUE	PTV N	IMADE	- C	RFINA	NCIA	NI /		^IIII	T A11.18	
_																										11 1 1147-		11.	1000		1 1401	MBERS
03	STA	ATUS	С	neck	appli	cable	block	c or l	bioci	ks, mo	ore tha	an one	bloc	k may	be ma	arked.	(See	instru	ctions	оп ра	age 2	:)								ch	eck ti	his
		aΞ	Ca	ndida	ite (ir	cludin	g wri	ite-ir	n)	С		Public	Offici	ial (Cu	rrent)	D		Publi	c Emp	ployee	(Cu	rrent)	Е		Che	eck this	block	k		blo	ock if	уоц
	E	в 🗀	] No	mine	е					C		Public	Offici	ial (Fo	rmer)	D		Publi	c Emr	ployee	(For	mer)			if yo	ou are f	filing					nding nal filin
	B		0001	TIO.															Γ'''''1		•	<u> </u>			-							
04	PUL	BLIC	PUSI	IION	1		CO	HER	CE (	admin	istrato	or, mer	mber,	, Com	missio	ner, jo	b title	, etc.)	ا ليا	seeki	ng			hold			held	d				
Α	D	E	P	U	r	'   Y			Т	R	A	I	N	I	N	G		C	0	0	R			į							1	İ
,																		•	<u>,                                    </u>			<u> </u>	$\overline{}$							٠		
	!Т				T	-T	т-			Т	1	т —	т		-r	T	,	Т	<u></u>	seeki	ng	<del></del>	نيا	hold	,	_	hek	d		·		
В					1											Ì								ŀ	1							
	-																											_				
05	GO	VERN	MEN	AL E	TITM	Y in w	hich y	you a	are/w	ere ar	n Officia	al, Em	ploye	e, Can	didate	or Non	ninee	(e.g., d	lept, a	gency	auth	ority, t	oroug	h, boar	d, c	ommissi	ion, co	ount	ty, sch	hool d	district	twp, et
Α	M	0	N	Т	G	10	] M	1	E	R	Y		C	0	U	N	Т	Y		P	lυ	E	l	I	Ι.,	c	9	s	Α	F	E	T
					.h					1	1	· · · · · ·		<u></u>	1	L		1		I												·   -
В																T				T		1	T		T		T	ij			T	T
					<u> </u>		1	_1_		<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u></u>			<u> </u>	<u>l                                     </u>	<u> </u>						<u> </u>			İ	<u> </u>	
06	OCC	CUPA	TION	OR	PRO	FESS	ON (	(This	s ma	ay be t	the sa	me as	bloc	k 4)			07 Y	/EAR	SE	E INS	TRU	СПО	NS.									
F	MS	3																nform								2	0		1	8		
_																	<u>'</u>	disclos	sure ro	or the	caler	idar y	ear lis	ted her	re:	<u> </u>		<u>.l.</u>				
80	REA	AL ES	TAT	INT	ERE	STS (	See i	instr	uctio	ons on	page	2) li	f NOI	NE, ch	eck tl	his bo	x. 📕															
_																																
09	CRE	EDITO	PRS (	See	nstru	ctions	on p	age	2). (	Credit	or (Na	ime ar	od Ad	المستحدات												1						
													/ Tu	acress	) IF N	ONE,	chec	k this	box.									. 1	S.		neme 1	
	Name	e:											710	acress	,	IONE,	chec	k this	box.							4	Int	tere:		te	and the second	3
	Name	e:												uress	,	-	chec	k this	box.							3.0	Int	tere:	0		يولون مورون المراجع	ug vo
10			RIN	DIRE(	CT SC	DURCI	ES O	FIN	ICON	ME inc	Judina				Ado	iress:					- D DG	2) (1	MI V IZ	NON	=	<b>O</b> :	0		8 APF	L	يدا على الأعلى الأعلى المناس	ed C
10			RIN	IRE	CT SC	DURCI	ES O	F IN	ICON	ME inc	luding				Ado	-					n pg.			NON!			0-1-1-1 1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1	OFI	8 APRICIA	L US	يولون مورون المراجع	( <del>X,1</del>
10	DIRE	ECT O	RIN	OIRE	CT SC	DURC	ES O	F IN	ICON	ME inc	luding				Add ) all en	nploym					n pg.						0	OFI	8 APF	L US	والأعبر الأسار الاسار السار	MAN (MAN)
10		ECT O	RIN	DIRE	CT SC	DURC	ES O	F IN	ICON	ME inc	duding				Add ) all en	iress:					n pg.						0-1-1-1 1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1	OFI	8 APRICIA	L US	SE.O.	MANAGE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO S
	DIRE	ECT O										(but n	ot lim	nited to	Add ) all en	nploym					n pg.						0-1-1-1 1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1	OFI	APRICA 5	L US	SE.O.	MAN (MAN)
10	DIRE Name	ECT O	See in								luding	(but n	ot lim	nited to	Add ) all en	nploym					n pg.					ONLINE CO. P.S.	OFFICE UT	OFI	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
	DIRE Name	ECT O	See in									(but n	ot lim	nited to	Add ) all en	nploym					n pg.					ONLINE CO. P.S.	OFFICE UP	OFI	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
	DIRE Name	ECT O	See in									(but n	ot lim	nited to	Add ) all en	nploym					n pg.					ONLINE CO. P.S.	OFFICE UT	OFI	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
	Name GIF	ECT O	See in	struc	tions							(but n	ot lim	nited to	Add ) all en	nploym				tions o		C	heck t	his blo	xck.	ONLINE CO. P.S.	OFFICE UP S	OFI	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
	Name GIF	e: TS (S	See in	struc	tions							(but n	ot lim	nited to	Add ) all en	nploym				tions o		C	heck t	his blo	xck.		OFFICE UP S	OFI	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
	DIRE Name GIF Soun	ECT O e: TS (S rce of C	See in Sift ource	struc of Gif	tions	on pa	ge 2)	) #	f NO	PNE, c	heck	(but n	ot lim	nited to	Add	nploym	nent.	(See in	nstruct	Circu	ımstər	C	heck t	his blo	xck.		OFFICE UP S	OFF	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
11	DIRE Name GIF Soun	ECT O	See in Sift ource	struc of Gif	tions	on pa	ge 2)	) #	f NO	PNE, c	heck	(but n	ot lim	nited to	Add	nploym	nent.	(See in	nstruct	Circu	ımstər	C	heck t	his blo	xck.		OFFICE UP S	OFF	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
11	DIRE Name GIF Soun	ECT O e: TS (S rce of C	See in Sift ource	struc of Gif	tions	on pa	ge 2)	) #	f NO	PNE, c	heck	(but n	ot lim	nited to	Add	nploym	nent.	(See in	nstruct	Circu	ımstər	C	heck t	his blo	xck.		OFFICE UP S	OFF	8 APRO-5 PM	AL US	SE ON	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
11 [	Name Sour Address	e:  TS (Since of Circle)  ANSPC (National Circle)	See in Sift ource ORTA	struc of Gif	N, LC	on pa	ge 2)	OSF	f NO	DNE, c	See	this b	oox.	s on pa	Add Add Add Add Add Add Add Add Add Add	mploym	ONE,	See ir	astruct	Circ.	mstal	ci	ncludin	g descri	xck.		Value	OFF	BAPRAS PM : 60	AL US	Je da	LAND TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
11	DIRE Name Sour Addre	e:  TS (Since of Circle)  ANSPC (National Circle)	ORTA	of Gif	N, LC	on pa	ge 2)	OSF	f NO	DNE, c	See	this b	oox.	s on pa	Add Add Add Add Add Add Add Add Add Add	nploym	ONE,	See ir	astruct	Circ.	mstal	ci	ncludin	g descri	xck.		Value	OFF	BAPRAS PM : 60	AL US	Je da	MAN TO SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SE
11 [	OFF Busin	TS (See see see see see see see see see see	ORTA	of Gif	N, LC	on pa	ge 2)	OSF	f NO	DNE, c	See	this b	oox.	s on pa	Add	mploymores:	ONE,	See ir	astruct	Circ.	mstal	ci	ncludin	g descri	xck.		Value	OFF	APRICAS PM : 60	AL US	Je da	LAND TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
11 [	OFF DIRECTOR NAME OF TRACTOR N	TS (Service of C	ource ORTA me an	of Gif	N, LO	DGIN	ge 2)	OSF	f NO	LITY	(See	this b	ox.	s on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	mploymuton:	ONE,	chec	k this	Circ.	mstar , che	cides (iii	ncludin	g descr	iption	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	director
11 [	Name  Sour  Address  Address  Name  FINA  Page 18	TS (Service of C	ource ORTA me an	of Gif	N, LO	On pa	ge 2)	OSF	f NO	LITY	(See	this b	ox.	s on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	mploymores:	ONE,	chec	k this	Circ.	mstar , che	cides (iii	ncludin	g descr	iption	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	LAND TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
11 [	Name  Sour  Address  Address  Name  FINA  FINA  Page 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	TS (S	ource ORTA me an	of Gif	N, LO	On pa	ge 2)	OSF	f NO	LITY	(See	this b	ox.	s on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	mploymuton:	ONE,	chec	k this	Circ.	mstar , che	cides (iii	ncludin	g descr	iption	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	director
11 [ [ 13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	OFF Busic	TS (Service of Control of Service of Service (National Service (National Service (National Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service of Service	ource ORT/ me an DIRE Entity	of Gif	N, LC ress) RSHI ne and	DGIN P, OR Addre	G, He	OSF	PITA	NE, c	(See	this b	ctions	s on pa	Adda Adda Adda Adda	mploymunity from the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the f	ONE,	chec	k this	Circu	, che	nces (iii	neck t	g descri	s be	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	director
11 [	OFF Busin	TS (SS SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S	ource ORT/ me an DIRE Entity	of Gif	RSHI Busine	DGIN P, OR Addre	G, He	OSF	PITA	NE, c	(See	this b	ctions	s on pa	Adda Adda Adda Adda	mploymunity from the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the f	ONE,	chec	k this	Circu	, che	nces (iii	neck t	g descri	s be	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	director
11 [ [ 13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	OFF Busin Name  BUS Busin	TS (S S S S S S S S S S S S S S S S S S	ORT/ me an  DIRE Entity  AL IN Address S INT	of Gif	N, LC (ress) RSHI ne and	DGIN P, OR H Addre	G, He	OSF	PITA	NE, c	(See	this b	ctions	s on pa	Adda Adda Adda Adda	mploymunity from the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the first transfer of the f	ONE,	chec	k this	Circu	, che	nces (iii	neck t	g descri	iption	n) of Gift	Value	OFF	PRICE STORY	(i.e., (c.)	SE ON	director
11 12 [ 13 14	OFF Busin Name  Name  Address  Address  FINANA  BUS  Busin Trans	TS (SS SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S SS of S	ource ORTA me an DIRE Entity SINT lame a	of Gif	RSHI Busine	DGIN DGIN NAN TRAN	G, H	OSF GAL	YME ED T	LITY  NT IN	(See	this b	ctions	s on pa	Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added Added	If Notes that the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	ONE,	chec	k this	Circu box.	, che	nces (ii	ncludin	g descri	s be	ox. Fox.	Value Posis emp	OFF	Held I	(i.e., 6	officer,	director %, etc.)
11 [	OFF Busin Name  Name  Address  Address  FINANA  BUS  Busin Trans	TS (Serve of Correct of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve	ource ORTA  ORTA  Me an  ORTA  Me an  ORTA  Me an  ORTA  IN  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA	of Gif	RSHI Busine	DGIN DGIN NAN TRAN	G, H	OSF GAL	YME ED T	LITY  NT IN	(See	this b	ctions NESS	s on pa	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	If No.	ONE,	chec	k this	Circu box.	, che	ock the NON	is bo	g descri	is b	DX.	Value Position Inter  Inter  Inter  Inter  Position Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter  Inter	OFF	Held I	(i.e., 6	officer,	director %, etc.)
11	OFF Busing Name  Busing Transunder under the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	TS (Serve of Correct of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve of Serve	ource ORTA  ORTA  Me an  ORTA  Me an  ORTA  Me an  ORTA  IN  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA	of Gif	RSHI Busine	DGIN DGIN NAN TRAN	G, H	OSF GAL	YME ED T	LITY  NT IN	(See	this b	ctions NESS	s on pa	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	If No.	ONE,	chec	k this	Circu box.	, che	ock the NON	is bo	g descri	is b	oox. erest Helationship er Transfief; said	Value Posis emp Inter 109(b	offi delication rest	Held I	(i.e., 5	officer,	director %, etc.)
11	OFF Busing Name  Busing Transunder under the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	TS (S S S S S S S S S S S S S S S S S S	ource ORTA  ORTA  Me an  ORTA  Me an  ORTA  Me an  ORTA  IN  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA  ORTA	of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Giffication of Gif	RSHI Busine	DGIN DGIN NAN TRAN	G, H	OSF GAL	YME ED T	LITY  NT IN	(See	this b	ctions NESS	s on pa	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	If No.	ONE,	chec	k this	Circu box.	, che	nonces (iii	is bo	g descri	is being the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	ox. Frest Helationship e Transfief; saic C.S. §1	Value Posis emp Inter 109(b	offi delication rest	Held I	(i.e., 6	officer,	director %, etc.)

#### STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX ER W U NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) Candidate (including write-in) C Public Official (Current) Check this block are amending if you are filing Public Official (Former) D Public Employee (Former) an original filing as a solicitor TY hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held seeking seeking hold held 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.) 0 1G O R OCCUPATION OR PROFESSION (This may be the same as block 4) 06 SEE INSTRUCTIONS Information in Blocks 8 -15 represents Planner 0 Community disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box, Interest Rate Address: Po Box \$69184 Fed loan Servicina multiple Harrisburg, PA 17106 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 Prydential Financial Address: Prydential Annuities 2101 welsh Rd. Dresher PA 19025 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Valu**⊳∞** Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ා උර Value 12 Position Held (i.e., officer OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. director, employee_etc.) Business Entity (Name and Address) Name FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 📈 Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned here and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties preso Enter Current Date 4/3/2018 Signatur Y BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS F

# STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME FIRS	NAME	MI SUFFIX
DITIIO	ianna	
	State 7in	Code Area Code Phone
OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURITY NUMBE	R OR FINANCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block may be marked. (See inst		Check this
	olic Employee (Current) E	Check this block  Check this block  are amending
A C Optidions (wastername)	olic Employee (Former)	if you are filing as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.	.) seeking hold	held
	+ c p u c L	
DII C. of Communidations and Oli	seeking hok	i held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomínee (e.g.	, dept, agency, authority, borough, boa	ard, commission, county, school district, twp, etc.)
montgomery County Bec	ackerat	Deeds
OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YE	R SEE INSTRUCTIONS. rmation in Blocks 8 -15 represents	
	closure for the calendar year listed h	ere: 2 0 / 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.		
		2
CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check	his box.	// GD
Name: See affactual - Address:		Interest Rate
		~ ~ ~
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (So	e instructions on pg. 2) ONLY IF NO check this b	
Marta and County Address P		P
Name: Mortgomeny County Address: P.  New der of Deeds No	rutown PA 19	7404
GIFTS (See instructions on page 2) If NONE, check this box.		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Source of Gitt		Value of Gift
Address of Source of Gift	Circumstances (including de	scription) of Gift
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, or	heck this box.	Value
Source (Name and Address)		
COURT (MATERIAL OF MATERIAL OF		
		Position Hald (i.e. officer director
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page	ge 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Address:	ge 2) If NONE, check this box.	employee, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Name:  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions)		employee, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on pa Business Entity (Name and Address)  Name:  Address:		employee, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on particular business Entity (Name and Address)  Name:  Address:  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on particular business)  Name and Address of Business	tions on page 2) If NONE, chack	employee, etc.)  this box. Therest Held (i.e., 5%, 10%, etc.)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on parabusiness Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on parabusiness)  Name and Address of Business	tions on page 2) If NONE, chack	employee, etc.)  this box. Therest Held (i.e., 5%, 10%, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Name:  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 1 in the page 2 in the page 2 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 in the page 3 i	tions on page 2) If NONE, check ctions on page 2) If NONE, check	employee, etc.)  this box.  this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subjectives.
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Name:  Address:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page Business of Business of Business For Profit (See instructions)  Business Interests Transferred To IMMediate Family Member (See instructions)  Business (Name and Address)  Transferee (Name and Address)  The undersigned hereb	tions on page 2) If NONE, check ctions on page 2) If NONE, check	employee, etc.)  this box.  this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subje
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Name:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 5 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 t	tions on page 2) If NONE, check ctions on page 2) If NONE, check	employee, etc.)  this box.  this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subje 65 Pa.C.S. §1109(b).
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)  Name: Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 15 Business of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 16 Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereb to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the penalties prescrit to the pen	tions on page 2) If NONE, check ctions on page 2) If NONE, check d person's knowledge, information c Official and Employee Ethics Act,	employee, etc.)  this box.

#### 09 Creditors

Honda Financial Services Philadelphia, PA 4.50%

Chase Wilmington, DE 9.49%

Navient Wilkes-Barre, PA 4.00%

Santander Bank Folsom, PA 6.99%

2/2

# STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX	_								
01	DOBBS MARGAKET K	<u> </u>								
02	Contraction of the Code Character Code Character Code Character Code Character Code Character Code Character Code Character Code Character Code Character Code Character Code Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Character Ch									
		-								
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  Check this	_								
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor block if you are filling an original filling an original filling an original filling an original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original filling and original f	g								
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	_								
Α	senior Planner									
	seeking hold held	,								
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, e	lc.)								
Α	Montgomery Copianning Commission									
В										
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents									
	City Planner    Information in Blocks 8 -15 represents disclosure for the calendar year listed here:   2   0   1   7	_								
08										
		_								
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.									
	Name Fed Loan Servicing  Address: P.O. BOX 69184  Harrisburg, PA 17106-9184  5.625%									
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.	_								
	Name: Stella & Dot Address 8000 Marina Blva Suitc400  Brisbane, CA 94005									
	Brisbane, CA 94005									
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Value of Gift									
	Address of Source of Gift  Circumstances (including description) of Gift	•								
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.									
	Source (Name and Address)	]								
42	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	or.								
13	Business Entity (Name and Address)									
_	Name: Address: Address:	<del>,</del>								
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  If NONE, check this box Interest Hist (i.e., 5%, 10%) etc.	,								
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Interest Held Relationship									
<del></del> -	Transferee (Name and Address)  Date Transferred  Transferred to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge.	ect								
to	the penalties presented by 18 Bo C.S. \$4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).									
	Signatu Enter Current Date 4 13 18									
	THIS TORMAND CONSIDERED DE TOLENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.									

# STATEMENT OF FINANCIAL INTERESTS

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

							<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>											-							
01	LAST	IAME		<del>.,</del>		<del></del> -	<del></del>					, ,	FIRS	NAM	<u> </u>	1	T.	1	T1	—Т	-		MI	SUFF	TIX
	0   0	1B1	1 5	C	$ \mathcal{H} $							] [	DL	41	11	<u> </u> E_	6		E						
														·							_			D .	
02																									
NC.	TE: IF YO	U ARE IN	CLUDIN	G ATT	ACHME	NTS, D	O NO	T INCL	LUDE	ANYT	HING	THAT B	EARS	YOUR	SOCIA	L SEC	URITY	/ NUN	MBER (	R FIN	ANCIA	AL AC	COUN	TNUM	BERS.
03	STATUS	Check	k applica	ble blo	ck or bl	ocks, m	ore the	an one	e bloci	k may	be ma	rked. (S	ee instr	uction	s on pa	ge 2)						-		eck thi	
	ΑL	Candid	late (incl	uding \	write-in)	С		Public	Offici	ial (Cu	rrent)	a l	Put	ic Em	ployee	(Curre	ent)	E	☐ çr	eck thi	s block	k		ock if ye e amen	
	в	Nomine	ee			С		Public	Offici	ial (Fo	rmer)	] מ	Pul	olic Em	ployee	(Forme	er)			a solic			an	origina	al filing
04	PUBLIC	POSITIO	N OR P	UBLIC	OFFICI	E (admi	nistrati	or, me	mber,	, Com	missior	ner, job i	itle, etc	.)	seekir	ıg	ĺ	ı 🗷	nold		hel	d			
, [	70	Ι		1		$\dot{\overline{c}}$	$T_{\kappa}$	+	7	10				Т		] [									
^	HV	W	-1 $p$	\ ]	<u>6</u> 7	/   X-		.   \	JO	1 /_	Ť	<u></u>			seekir	ll ng	[		hold		hel	 d		<b></b>	IJ
в		T	T	П		T		T	T	T	T														
۱ "			<u> </u>		L	<u> </u>			<u> </u>	<u></u>	<u> </u>					J1									<u> </u>
05	GOVER	MENTAL	ENTITY	in whic	ch you ar	e/were a	an Offic	cial, En	пріоуе	e, Can	didate	or Nomin	ee (e.g	, dept,	agency,	authori	ity, bor	ough,	board,	commis	sion, c	ounty,	school	district,	twp, etc.)
A	MC	00																							
	,,,,, <u> </u>							-J	_	<u> </u>	· <del>                                      </del>					1							-	<del></del>	<del></del>
В			1					<u> </u>	<u> </u>						<u> </u>										
06	OCCUP	ATION O	R PROF	ESSIC	N (This	may be	the s	ame a	s bloc	k 4)		l	–	_	EE INS						- T			7	
<b>(</b>	DRYN	اکری		7	MA	111		R	×4.	Non					n in Blo for the		,			2	0	1	4		
_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												-			<u> </u>								
08	REALE	STATE IN	NTERES	T <b>S</b> (Se	e instru	ctions c	ın page	e 2)	IT NO	INE, CI	neck u	nis dox.													
09		ORS (Se					ditor (N	lame a	and A	ddress	) <b>If </b>	IONE, 9	heck t	his bo	x. 🗌					180	ļ.,	ntoroci	t Rate	210	9904
	Name:	Mell	<u> </u>	Bu	كمح	2						iress:			531	4,5	and	ta H	ria (	4727	77	iteres	· rece		,, •
	C14	$C'^{-i}$	line	<u> </u>								<u> 217:</u>	icu	~								10	6.99	10	
10	DIRECT	OR INDIR	ECT SO	URCE	S OF IN	COME in	ncludin	ıg (but	not lin	nited to	o) al⊦er	mployme	nt. (Se	e instru	etions o	on pg. 2	2) ON	LY IF	NONE,	L [		(OFF	ICIAL U	JSE ON	LY)
		VATI	. 1.	.), c	V- 8	PTI	azer	ve V	T 5	124	(E)						UIK	JON UI	15 5100	··· 🗀					
	Name:	<u>Urn</u>	0,70 (	<u>, , , , , , , , , , , , , , , , , , , </u>	<i>)</i> ( \	U ( \					Add	iress							*	•	].	,	201	8-m	07
						<u></u>										:				1 45 54	<u>ـــــــــــــــــــــــــــــــــــــ</u>			4- FA	ul-
11	GIFTS Source of	(See instr	ructions (	on pag	e 2) <b>If</b>	NONE,	, checl	k this	box.	M										2		: Value	<u>ক</u> ⊪ তণিGift	ط از داده	. J 
	300/00/0	T T					<u> </u>	1	Τ	1	T					T	Ţ	]			5		<u>T</u>		Ĭ.
				<u> </u>	<u> </u>				<u> </u>			<u></u>			L Ciro	J	coe (inc	] cludina	descrin	tion) of 0	ife)			. L	10 11
	Address of	Source of	Gift													unisian.	cca (iii	J.Dairig	CCSONP				-104	- A1	
12		PORTATI		DGING	, HOSF	ITALIT	Y (Se	e instr	ruction	ns on p	oage 2	) If NO	NE, ch	eck th	is box	Z					Valı در	ue S	<b>?</b>	∫ § • 07,2 mag	
																						f	רכ	.	
		, DIREC1	TOPS:	0.00.	MPI O	VASELIT	IM AN	IA 611	SINE	95 (0	ee inet	ructions	OD Day	16 2)	If NON	E. che	ck thi	s box	. 171					., officer,	director,
13		ss Entity (f				INTENI	IN AN	יטם זו	SH4E3	JU (3			on pal	,√ <i>~ )</i>		_, viid	-n uii	- <b></b> ^			er	nploye	e. etc.)		
	Name:										Add		note: c*	000 0	nace '	) IE I	NONE	chc	ck this	hov 1	In	terest	Held (i.e	, 5%, 10	%, etc.)
14		CIAL INTE			LEGAL	. ENTIT	Y IN E	3USIN	IESS I	FUR F	KUFI	(588)	HSCFUCT	UIS OF	i page i	∈) ITF	HONE	., 6116	CR UIIS				(		4
15		ESS INTE			SFERRI	ED TO	IMMEI	DIATE	FAM	ILY M	EMBE	R (See	instruc	tions c	n page	2) If	NON	E, ch	eck thi	s box					
		(Name and																		Interest" Relation	ship				
<del></del>	Transfer e undersig	ee (Name a	nd Addre	ss)	he force	ioina ist	formati	ion is f	true a	nd cor	rect to	the bes	of sain	l perso	n's kno	wledge	e info	rmatic		Date Tra belief; s			tion bei	ng mad	e subject
۱'n	e undersid		··· · ATTIETTS	- 10011												9									,
	the penalti	es presc											lic	Offici	al and E	mploy	ee Eti	nics A	ct, 65 F	a.C.S.	\$110	9(b).			
	the penalti												lio 	: Offici	al and E	-mploy	ee Et	nics A	.Ct, 65 F	Pa.C.S.	9110	9(b).			
	the penalti	es presc Signature											lic	Offici	al and (	mpioy	ee Etr	ter Cu	ırrent D	a.c.s.	9110	9(0).			

(717) 783-1610 • TOLL FREE 1-800-932-0936

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS A &EC-1 REV. 01/18 PLEASE PRINT NEATLY **SUFFIX** MI LAST NAME **FIRST NAME** R I O ADDRESS office (b) NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) C Public Official (Current) Check this block are amending if you are filing an original filing D Public Employee (Former) Nominee Public Official (Former) as a solicitor hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking hold 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.) 0.5 $\epsilon$ OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR **SEE INSTRUCTIONS** Information in Blocks 8 -15 represents Warden 0 35,5+an+ disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Education Services 3.% (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address GIFTS (See instructions on page 2) If NONE, check this box. (∷Yalue Source of Gift die, Circumstances (including description) of G Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. amployee etc.) Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business

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

Date Transferred

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

to the penalties pres

Signatu THIS 9

01

В

Enter Current Date

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

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME	MI SUFFIX
	DORTONE	()EAN	
	4		
		DEADE VALIE CAMIAL CEMIESTV KRIMDED AD EIN/	ANCIAL ACCOUNT NUMBERS
NOT	E: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT		HICKE MASONIE LANGOUNG.
03	STATUS Check applicable block or blocks, more than one block may be marked. (		Check this block if you
	A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	if you are	filing are attending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jol	b title, etc.) seeking hold	held
<b>A</b> (	Chief FINANCIAL	10AA; cerl	
		seeking hold	held
В			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Non	ninee (e.g., dept, agency, authority, borough, board, commis	sion, county, school district, twp, etc.)
Α	Montgonery Coun	Ty-	
В			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	
	SAME AS WACK 4	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2	0 / 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	эх. 🕌	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)	check this box.	Interest Rate
	Name: PNC DANK Address:	+ Alasyl PA	2.75%
		0	<del></del>
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
	Name: Address:		
			r 85
11	GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift
ſ	Source of Gift		
į	Address of Source of Gift	Circumstances (including description) of	Gin C
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box.	Value
			o h
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	Position Held (1.5, officer, director, employee, etc.)
	Name. Address:		Tolerant Hold (i.a. 59/, 109/, ata)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	ee instructions on page 2) If NONE, check this box.	The rest ( role ( role ) ore.
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	See instructions on page 2) If NONE, check this box.	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest Relation	Heid
	Transferee (Name and Address)	nest of said person's knowledge, information and belief;	ansferred said affirmation being made subject
ı Th∉			
	e undersigned he he penalties pres	the Public Official and Employee Ethics Act, 65 Pa.C.S	i, §1109(b).
	he penalties pres	the Public Official and Employee Ethics Act, 65 Pa.C.S  Enter Current Date	4(23/(8

PLEASE PRIN	NEATLY	
01 LAST NAME	FIRST NAME	MI SUFFIX
DRESHER	KICHARD	JMR
C .		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BE	EARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACC	OUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (Se	young to	Check this
A Candidate (including write-in) C Public Official (Current) D B Nominee C Public Official (Former) D	Public Employee (Current) E Check this block if you are filing as a solicitor	block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job ti	tle, etc.) seeking X hold held	<del>,</del>
A SECRETARY MONTED	PRISOW BUA	RD
8	seeking hold held	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomine	e (e.g., dept, agency, authority, borough, board, commission, county, so	chool district, twp, etc.)
AMONTGOMERY COVNT	-   5	
В		1
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	YEAR SEE INSTRUCTIONS.	
Buscu #4	Information in Blocks 8 -15 represents disclosure for the calendar year listed here.	8
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	X	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, ch Name: Address:	eck this box.	
Auto 33.		3
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment	t. (See instructions on pg. 2) ONLY IF NONE, Check this block.	ÀL USE ON Y)
Name: ATTA CUGD Address:		
	Por A	
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value of	Sift Car
Address of Source of Gift	Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NO	IE, check this box. X	
Source (Name and Address)		
	Position Hel	dia officer director
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of Business Entity (Name and Address)	on page 2) If NONE, check this box.	d (i.e., officer, director, itc.)
Name: Address:		J (: _ E0( 400)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See in Name and Address of Business	structions on page 2) If NONE, check this box. [M. Interest Hel	d (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See in		
Business (Name and Address)	Interest <del>Hel</del> d Relationship Date Transferred	
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties prescribed to the penalties		being made subject
•	11.015.01	· A
Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS	Enter danjent pate	
- (3 of		

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

# STATEMENT OF FINANCIAL INTERESTS Block 10 Detail

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

RBC Capital Markets, LLC PO Box 1510 Minneapolis, MN

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

Janus PO Box 55932\ Boston, MA 02205-5932

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

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

Columbia Management Investment Services P.O. Box 8081 Boston, MA 02266-8081 BNY Mellon GlaxoSmithKline P.O. Box 43006 Provident, RI 02940

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

Royce Funds PO Box 419012 Kansas City, MO 64141

Dreyfus Family of Funds PO Box 105 Newark, NJ 07101

Fidelity Investments PO Box 620024 Dallas, TX 75262

The Delaware Group 1818 Market St. Philadelphiaa, PA 19103

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

		REV. 01/	18	*01247			STA [·]	TEN	1EN			FIN SE PR				INTI	ERI	EST	rs		Р						COMMISS 800-932-
01	LAST	NAME										_	F	IRST	NAM	E_									MI	SUF	FIX
	DF	E	SS	: E	R								B	E	T	- H	A	N	<u> </u>	$\perp$							
02	A		······································	··········							e.								-								
					,	,																					
NO	TE: IF Y	OU ARE	INCLUDI	NG AT	TACH	MENTS, I	DO NOT	INCL	UDE A	ANYT	HING	THAT	BEA	RS Y	OUR:	SOCIA	L SEC	CURIT	YNL	MBEF	ORI	FINA	NCIAL	ACC	TNUC	NUM	BERS.
03	STATU	i <b>s</b> Ch	eck applic	able b	ock or	blocks, r	nore tha	n one	block	may	be ma	arked.	(See	instrud •	ctions	on pa	ge 2)								-	ck th	
	Αĺ	_	didate (in	cluding	write-i	•		ublic (		•			$\overline{}$			ployee	•	,	Е		Check f you		block lina		are	ck if y amer	ding
	В	Non	ninee			C	: L_J F	Public	Officia	ał (Fo	rmer)	D	<u> </u>	Publi	c Em	ployee	(Form	ner)			as a s				an	origin	al filing
04 Г	PUBLI	C POSIT	ION OR I	PUBLIC	OFFI	CE (adm	inistrato	r, men	nber,	_	nissio	<del></del>	b title	T	$\Box$	seekir	g —	1		hold	1		held			T	Ţ1
A [	$ \epsilon e$	5	1 d	e	n	+ 1	a	X		A	5	5	0	5	S	U	4			<u> </u>	<u> </u>	<u></u>					
_																seekir	g			hold			held				
В																											
05	GOVE	NMFNT	AL ENTIT	<b>Y</b> in whi	ich vou	are/were	an Officia	al Emr	lovee	Can	didate	or Non	ninee i	ea c	lent a	agenčv	autho	rity bo	rough	hoard	d com	missi	on cou	ntv sc	hool d	istrict	two etc
A [	NA		1 4	Т	TT	T	Т.		<i>(</i> *	Ι	1.	n			T	Ť	Τ_	Ą	T	Journ	1. 00	T	1	1,50	100.0	T	T
`` L	IVII O	n	+19	10	m	e r	ĺΫ		<u>ب</u>	D	u	111			<u> </u>	13	0	/T			L	<u> </u>		.1	J		
3	.																										
)6	occui	PATION	OR PRO	FESSI	ON (Th	s may b	e the sar	me as	block	4)			07	/EAR	SE	E INS	TRUC	TION	S.								
ندل	'Sid-	enti	al	Ass	SPS	SDr										in Bloc or the o					e. [	2	0	1	7		
08			INTERES					2) If	NON	IF ch	nack t	hie ho	ــــــــــــــــــــــــــــــــــــــ	1							- <u>-</u>						
										,				_									. <u> </u>	1	2010		, to jet Storage
09			See instru						•		) <b>If</b> !	NONE,	chec	k this	s box	. 🔲							Into	rest Ra		1	N 1 1 2
	Name:		ceer	8 1	3cm	2 5	MULL	140	U.		Add	dress.											- Fritz - 20 -		c.s	•	eg et eg et
		Len						4											<del></del>		<u> </u>		::: 1 = 1.1	1			
10	DIRECT	FOR INC	IRECT SO	DURCE	S OF II	NCOME (	ncluding	(but n	ot limi	ted to	) all ei	mployn	nent.	(See II	nstruc	o anoit	n pg. 2			NONE nis blo			, _ (O	<u>F</u> FICI∕	TUDS		LY)
	Name:	Mowl	gome	M	Co	uns	V E	30A	<b>.</b>		Add	dress:	One		Len	toja	nei	4	410	(Za					ယ္	5	
		·										N	DYY	isti	) M,	n s	<u> </u>	10	140	4.			5,70		20	1,	Supply of
11	GIFTS Source of		structions	оп рад	je 2)	If NONE	, check	this b	ox. [	V													Va	lue of C	hif.		
				1			T			Ī	T	T	Ī	T	Τ	T	Ţ	Γ-	1								
L	Address o	of Source	of Gift	Ш	<u> </u>	L_				<u></u>	<u> </u>	<u> </u>	I	l	1	Circu	mstani	ces (in	_ cluding	g descr	ption)	of Gift	<u></u>	1.	ا . ا		
															$\bot$			<u>,                                     </u>									
12			<b>TiON, LO</b> d Address)	DGIN	s, HOS	PITALIT	Y (See	instru	ctions	on p	age 2	) If N	IONE,	, chec	k thi	s box.	كملا						Value				
13			CTORSHI			YMENT	IN ANY	BUSI	NESS	S (Se	e inst	ruction	s on	page :	2) If	NONE	, che	ck thi	s box	ر. [ <u>ب</u>	/			on Helo		officer,	director,
	Busine	ss Entity	(Name and	d Addres	ss)																		i ompi	, co, c			
	Name:	CIAL IN	TEREST	N ANV	LEGA	LENTIT	V IN BI	ISINE	88 F.		Add		inetr	ıction	e on i	nage 2	) IE I	NONE	che	ck thi	s bor		Intere	est Held	l (i.e., §	5%, 10	%, etc.)
14			is of Busine		LLGA	E ENTIT	, 114 50	<b>70114E</b>	33, (	JIV 1 1		(000			3 011	page 2	,	10.11	, 0110	OK IIII	3 504	ַעַ 			,		
15			ERESTS		SFERF	ED TO	MMEDI	ATE F	AMIL	Y ME	МВЕ	R (Se	e inst	ruction	ns on	page 2	2) <b>If</b>	NON	E, ch	eck th	is bo:						
			and Addres																		Relati	ionshi					
	undersig e penalt	ned her	eby affirm	s that t	he fore	going inf	ormation	n is tru	e and	corre	ect to	the be	st of s ne Pu	aid pe	erson fficial	s knov and Ei	vledge mploy	, info ee Etl	rmation hics A	on and act, 65	belie	f; sai	d affirn	nation ).	being	made	subjec
		Signatur	e															En	ter Cı	urrent	Date :	4	12	<u> </u>	20	15	)
		-	ORMIS	CONG	·ID	do nes	ICIENT	T IE A	NVE	21.00	SK A	BOVE	ISN	OT C	`O84	DI ETI	ED 1						-	ECOE	ens.		

# STATEMENT OF FINANCIAL INTERESTS

												P	LEAS	E PR	INT	NEAT	LY													
1	LAST N	AME													_	FIRST	NAME	=									3	MI	su	FFIX
Ţ	Du	n	i	g	a	n	,		I	I	I					r i	m	. ]	0	t	h	У						Р		
				<u>, , , , , , , , , , , , , , , , , , , </u>		.L																								
Į																														
101	E: IF YOU	JARE	INC	LUDIN	IG AT	TACHN	EN.	rs, Do	O NOT	INCL	UDE	ANYT	HING	THAT	BE	ARS Y	OUR S	soc	CIAL	SECU	RIT	r NUI	ивен	OR	FINA	NCIA	. A(	CCOUN	T NUI	MBERS.
_	STATUS															e instru												e	neck (	
;	A	٠,				write-ii		C	,			ial (Cu			Ì	27	ic Emp				t)	Ε			k this			pl	ock if	
	вЕ	Non			, our ng	***************************************	',	С	r			al (Fo		ם		Pub	ic Emp	oloy	ee (F	orme	)				are fi solicit					nal filin
	PUBLIC				UBLIC	OFFI	CE (	admir	nistrato	r, mer	nber.	Com	missio	ner, jo	ob ti	le, etc.		see	king		Į		hold			heid				
_	Pr	е	Н	T	s	р	i	t	а	1		S	У	s	Τ.	: е		1	s		С	0	0	r	ď	l	T	n a	a t	. 0
L	<u>-   -   -                              </u>					רי		L	<u></u> .	. <u> </u>	L			Ц	. L`		<u></u>	L see	king			]	hold	J.,		held	 		<u> </u>	
ţ	1				1	·		1			·	-T	1	T	T		T	T	9		ˈ		T	Γ	T	T	7	· · · · · · · · · · · · · · · · · · ·		
ļ.			L		1			<u></u>	<u> </u>	L	L	<u>.l</u> .	<u></u>	<u> </u>		<u> </u>	<u> </u>						L						L	
	GOVERN	IMENT	AL E	רווא	in wh	ich you	are/\	were a	n Offici	al, Em	ploye	e, Car	ndidate	or No	mine	e (e.g.,	dept a	agen	ісу, аі	uthority	, bor	ough	board	d, ∞	nmissi	on, co	unty	y, school	distric	t, twp. et
	CO	u	n	t	У		0	f		M	0	n	t	g		o m	е	] :	r	У										
L_		1			<u> </u>	·		<del></del>	1	T		T	T	T	1	-1.	T -	1		Т			T -	T	<u>.</u>	. T.				
	D e	р	a	r	t	m	е	n	t	<u> </u>	0	f		P	1	ı b	1 1	<u> </u>	i	С		S	a	<u> </u>		•   t	-	У		
	OCCUPA	ATION	OR	PROF	ESSI	ON (Th	is m	ay be	the sa	me as	bloc	:k 4)			0	YEA!				RUCT						1	7-^-	т	٦	
	re-H												r				nation osure f							re:	2	0		1   7		
 3	REAL E													his h	ox.															
																											-	•		
_	CREDIT		Sec	ingen	ctions	on 020	a 2\	Cred	itor (N	ame a	nd A	ddres	s) If	NON	E, cl	neck th	is box	. T									III	5	and the	
€	CREDIT Name:	UKS (	<u>೨</u> 00	instru	CHONS	on pag	⊕	. 0160	noi (N	unio a			•	dress:				- 1							S.	Int	iere Z	Rate	4 g	15.7 15.1 15.1
	. 101-10															"									三三	2	7	ž	( ten	.11. g.ud
0	DIRECT	OR IN	DIRE	CT SC	OURCE	S OF	NCC	OME in	cluding	(but	not lir	mited t	o) all e	mploy	mer	nt. (See	instru	ction	ns on	pg. 2)	ON	LY IF	NON nis ble	E,	رزهال. محد	<u> </u>	OF	FIÇIAL	USE (	ONLY)
																					CII	טטת נו	1511		20			₽		خطر المراجعة المراجعة
	Name:												Ac	ldress:					,						~ <u>~</u> <u>~</u> <u>~</u>	71	•	_ <del>_</del>		T
							14.55	0**=		4F:-	he:-														i i			~	-	20 T S
1	GIFTS Source of		nstru	ctions	on pa	ge 2)	jt N	UNE,	cneck	tnis	₽OX.											*1		r				e of Gift	·	
Ţ	·	ļ	Ī								1								ļ											
Į,	Address of	Source	of G	ift .			1	_ 1		. 1					1			 	Circun	nstanci	es (in	- cludin	g desc	riptio	n) of G	fl				
	TRANS					<u> </u>	0 0017	- A I 1~	V (C	. inct-	uctic	ne or	nace 1	2) IF	NO	NE. ch	ack th	is h	oox.							Valu	 18			
2	TRANS Source (i				JUGIN	G, HO	3PII	ALII	1 (56	5 111811			hage	-, "					T	· <del></del> 1		7		Γ					Γ-	
																					m									
3	OFFICE	, DIRI	ECT	ORSH	IP, OR	EMPL	OYN	MENT	IN AN	Y BUS	SINE	<b>SS</b> (S	See ins	tructi	ons	on pag	e 2) I	f N	ONE,	chec	k th	s bo	x. 🔳					n Held (i. yee, etc.)		cer, direct
-	Busines																													
	Name:						,							dress:					°	] Z A I	ONI	- A-	ock **	de F	ov fi	Int	eres	st Held fi.	e., 5%	, 10%, etc
4	FINANO Name an	CIAL II	NTE ess o	<b>REST</b> f Busin	IN AN	Y LEG	AL I	ENTIT	YINB	USIN	ESS	FOR	PROF	ii (S	ee II	structi	ons on	paq	ye 2)	II IN	UNI	, CIII	FUR U	(	ya. []			•••		
15	BUSIN	ESS IN	NTER	RESTS	TRA	NSFER	REI	о то	IMMED	DIATE	FAN	AILY N	/EMBI	ER (	See	instruc	ions o	n pa	age 2	) <b>if</b>	NON	IE, cl	ieck 1	his	box.					
-	Business																							R	lations	hip	ч			
TL	Transfer undersig	ee (Nar	ne ar	nd Addr	ess)	the fo	eno	ing int	ormati	on is t	rue a	nd co	rrect to	the	est	of said	perso	n's	know	ledge	, info	rmat	on ar	id be	lief; s	aid aff	irm	ation be	ing m	ade sub
to t	e undersig he penalti	es pre	scrib	уатигп	na mai	0.0	-90 100		uner f	John	tion	A 211	boritie	s) and	.th∈	Public	Officia	al ar	nd En	nploye	e Et	thics.	Act, 6	5 Pa		-	` '			
		Signat													١.						Er	nter C	urren	t Da	e <u>0</u>	1/22	/20	18		
		-		-111 - 15		SIDE			41971-61			- DE				S NO	CO	MPI	LETE	ED. I	AAH	EA	СОР	YF	OR Y	OUR	RE	CORD	S.	

	AS	<u> EG-1 H</u>	EV. U	1/16						Ŭ			Р	LEAS	E PR	INT	NEAT	Y							(1117	700-10	10 - 102		
01	<u></u>	ASTA	IAME								<del></del>				7	_	FIRST	VAME	· ·		. 1	_ T -		1			_ <u>M</u>	sui	FFIX
	E	<u>D</u>	7	0	٧	1 0					<u></u>	<u> </u>		<u> </u>		1	MA	1			łÉ	N	/			<u>.</u>	] []		
02																													
	OTE:	IF YO	U AF	E IN	CLUD	ING A	TT.	ACHN	IEN	TS, DO	) NOT	INCLUDI	ANY	THING	THAT	BE	ARS YO	OUR S	юс	IAL S	ECUR	TY NU	JMBER	OF	RFINAN	ICIAL	ACCOL	INT NUI	иBERS.
03	ST	ATUS		heck	applic	cable	blo	ck or l	oloc	ks, mo	re tha	n one blo	ck may	be ma	rked.	(Se	e instruc	tions	on t	page	2)							Check t	
		A [	] Ca	andida	ate (in	cludin	g v	vrite-ir	1)			ublic Offic				<u></u>	Public					Е	i	f you	ck this b u are fili	ng		block if are ame	•
		в Ц		mine						С.		ublic Offic			D					e (Fo	ormer)	M	hold	as a	solicito	held		an ongi	
04	PL		T	Τ	T_	PUBL		_		1	N	r, membe	r, Com	A	Ner, jo	\ \ \			Ĝ	Ť	C	0	m	۸ر		C	5	<u> </u>	
^	10	0	R	]R	13	12		1	Ö	M	Į IV	<u> </u>	1	<u></u>	<u> </u>	1,,	<u>'                                    </u>		1	klng			hold	<u></u>	<u></u>	i > held	12.1	<u> </u>	
В				T			T			Τ	<u> </u>		1	T -	Ī	Τ	$\top$				T	T			T				
_		<u> </u>						L			. Officia	ol Employ	on Cor	didata	or No	mino	0 (8.0. /	lent a	dend	רע פוו	thority I	horoud	h board	1 00	mmissio	ת כטווי	ntv schr	nol distric	t, twp, etc.)
05 A	G(	Τ.	ME	T	C	$\top$	Т		aren E	R R	V	al, Employ	oe, Car	Ididate	P	L	T .	N N	T.	. T			T, board	(		m	M		T
•	7 (	0	110	1 1	7	0		<u>'``</u>	<u>e</u>	1,0	<u> </u>	1 1	19_	<u> </u>	1	1 <u>.</u>		1	T.	<del>_</del>	<u> </u>			1		1 T		<u> </u>	
В			<u> </u>	<u> </u>						<u> </u>												<u> </u>	<u> </u>	<u> </u>		<u> </u>			
06	0	CCUP	ATIC	N OF	RPRO	FESS	10	N (Thi	is m	ay be	the sa	me as blo	ck 4)			07	YEAR Inform				<b>UCTIO</b> 8 -15 i		ents		2	0	1 -	7	
_			(T)			M										L		sure f	or th	ne cal	endar y	ear lis	ted her	e:	2	0	<u>'                                     </u>	$oldsymbol{oldsymbol{oldsymbol{\sqcup}}}$	
08	R	EAL E	STA	TE IN	TERE	STS (	Se	e inst	ruct	ions of	n page	2) If NO	ONE, c	heck t	his b	ox.	X												
					****	<u> </u>			- 0		(NI		\ ddroo	~) 16 I	NONE		eck this	hov		7					—т			<u> </u>	
09		me: L			-	actions	s 01	n page	9 Z)	. Credi	toi (iva	ame and A					) Bon				MJUM	ES-8	nani,	CΑ	1877	3 Inte			75%
						ner				<u> </u>	· · · · · · · · · · · · · · · · · · ·										_			_			3,2		
10											cluding	(but not i	mited t								(	heck	this blo	жk.		(O	FFICIA	L USE C	NLY)
	<u>Na</u>	me: (	(00	INT	1 UF	M	)Ņ.	150	MO	ry.				<u>Ad</u>	dress:	P.0	<u>o. 3</u> 0	¥ 3	sil /	N	nRss	.ww	PA	19	404				
_		CTO	/Sac	inntr	ıntion				IF N	ONE	chack	this box	. M												· · · <u>· · ·</u>		701		· Lines
11		urce o		insuc	ICTION 8	s on p	ayt	<del></del>		- T	T	1 1	<u> </u>	<del></del>	<del></del>	_		т						Г		} Va	iue of G		<del>1</del>
	Ĺ										<u>.</u>							<u> </u>			40000	in aludir	na donor	L	n) <b>er Grø</b> r			J. L.,	
		ress of																			stances	includir	ng descr	рио	- []	1			<u>.</u>
12					ON, L		NG	, HOS	PIT	ALITY	(See	instruction	ns on	page 2	) If:	100	NE, che	ck thi	s bo	». ј	<u>×</u>			_	7(7),750	<del></del>		- <del></del>	grade Tress
																								L	(J)	)			****
13						IIP, OF			YN	IENT I	N AN	/ BUSINE	<b>SS</b> (S	iee ins	tructio	ns c	on page	2) <b>If</b>	NO	NE, c	heck 1	his bo	×. 🔀		1		ion Held byee, etc		er, director,
		ıme:													ress:											<b>4</b>			
14					REST of Busin		٧Y	LEGA	AL E	TITN	/ IN B	USINESS	FOR F	PROFI	T (Se	e in:	struction	is on	page	e 2)	If NOI	NE, ch	eck th	ls b	ox. 🔀	Intere	est Held	(i.e., 5%,	10%, etc.)
																										≠	-		
15					REST: Addre		N	SFERI	REC	TO I	MMED	IATE FAM	AILY M	EMBE	R (S	ee ir	nstructio	ns on	pag	ge 2)	If NC	NE, c	heck ti	Int	erest Hel				
	T	ansfer	ee (Na	me ar	nd Add	ress)		a fore		na info	rmatia	n is true :	and cor	rect to	the h	ost r	of said n	erson	's kr	nowle	dae in	format	ion and	Da	elationship ite Transi itief: said	ferred	nation b	eina ma	de subject
		tersig enaltid			y antiff	iis ina	n tr	O SA	on/	⊓y 11110 <b>7</b> /	amauo	ni is ille t	to outh	erities	) and	the	Public C	Official	and	d Emp	loyee	Ethics	Act, 65	Pa	.C.S. §1	109(b	)		,
		;	Signa	ture																			Current			4,	113	18	
		•	THIS	FO	RM IS	COI	NS	IDER	ΕD	DEF	CIEN	T IF AN	Y BLO	CK A	BOV	E IS	TON	COM	rL!	e i El	, MA	ne A	COP	r r-(	JK YU	uk K	ECUR	ມວ. 	

### STATEMENT OF FINANCIAL INTERESTS

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

			—
)1	LAST NAME ELUIS	FIRST NAME  MI SUFFIX  M 0 N I 6 U E	
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	FBEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBE	RS.
	STATUS Check applicable block or blocks, more than one block may be market	,	
3	A Candidate (including write-in) C Public Official (Current)	Check this block If you	
	B Nominee C Public Official (Former)	Public Employee (Current)    Public Employee (Former)   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Company   Full Compa	
 4	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner	ob title, etc.) seeking hold held	
<b>,</b>	FORCE OF SOME OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE OF COLUMN STATE		
L			J
ſ		seekingholdheld	
5	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or	minee (e.g., dept, agency, authority, borough, board, commission, county, school district, tw	p, etc.)
. [	COUNTYOR MONTO	0 MERY	
ن. 1			
1			
6	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
٨.	counting Tab III	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	
-17. 8	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	ox. X	
	Name: Huntingtin Bank Address	5%	
0	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all empl	check this block.	()
	Name: Montgarry County Houth & Human Sevice Address	P.O. B. 4 311, Normal non, PA 19404-0311	
	3 1 [		
1	GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift	er.
	Source of Gift		
Ĺ	Address of Source of Gift	Circumstances (including description) of Gift	، لــــ
			<del></del>
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address)	NONE, check this box. X	
		75	ļ
3	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruc	A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	rector
•	Business Entity (Name and Address)	employee, etc.)	
	Name: Address	instructions on page 2) If NONE check this hov interest Heid (i.e., 5%, 10%,	, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT ( Name and Address of Business	e insudenons on page 2) If NONE, check this box.	,
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	ee instructions on page 2) If NONE, check this box.	
	Business (Name and Address)	Interest Held Relationship	
The	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the	est of said person's knowledge, information and belief; said affirmation being made s	subject
	ne penalties presc	the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	
	Signature ——	Enter Current Date 4/30/13	
	THIS FORM IS CONSIDERED DEFICIENT IF ANT BEOCK ABO	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.	

## STATEMENT OF FINANCIAL INTERESTS

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

1 LAST NAME	FIRST NAME	MI SUFFIX
Etnier	ECIC	
2		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TI	AAT BEARS YOUR SOCIAL SECURITY NUMBER OR I	FINANCIAL ACCOUNT NUMBERS.
		printer)
STATUS Check applicable block or blocks, more than one block may be mark  A Candidate (including write-in) C Public Official (Current)	(**************************************	Check this block if you are amounting
A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	if you	are filing are amending olicitor an original filing
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	r, job title, etc.) seeking hold	held
Envisonmentall	Annual and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	held
	seeking   hold	L
5 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or	Nominee (e.g., dept, agency, authority, borough, board, com	mission, county, school district, twp, etc.)
montgemery Cou	2 + 4	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents	
Environmental Health Specialist	disclosure for the calendar year listed here:	2 0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	s box.	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NC	ONE, check this box.	, , , , , , , , , , , , , , , , , , , ,
Name Addre		Interest Rate
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp	oloyment. (See instructions on pg. 2) ONLY IF NONE, check this block.	, (OFFICIAL USE ONLY)
Name Montanger Compts Addre	D S D S S	ь.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Jonston PA 19404	
1 GIFTS (See instructions on page 2) If NONE, check this box.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	es e n
Source of Grft		Value of Gift
Address of Source of Gift	Circumstances (including description)	of Gift
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box.	Value
Source (Name and Address)		
		Position Held (Let officer, director
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instru Business Entity (Name and Address)	ctions on page 2) If NONE, check this box.	employed, etc.)
Name. Address	ss:	
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	(See instructions on page 2) If NONE, check this box	x. Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business		
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	(See instructions on page 2). If NONE, check this bo	
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	Inter	est Held tronship
Transferce (Name and Address)	Date	Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the other penalties prescrib	e best of said person's knowledge, Information and belied and the Public Official and Employee Ethics Act. 65 Pa.C.	.S. \$1109(b).
Signature	Enter Current Date	4/26/18
Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABO		R YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

E J a n n u	FUACA	MI SUFFIX
22 ADDRESS office (business or governmental) or home City	State Zip Co	de Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER O	R FINANCIAL ACCOUNT NUMBERS.
3 STATUS Check applicable block or blocks, more than one block may be marked	f. (See instructions on page 2)	The second
lemma termina	D Public Employee (Current) E Che	Check this block if you eck this block are amending
8 Nominee C Public Official (Former)	D Public Employee (Former)	ou are filing are amending a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking hold	held
Sewage Enforcen	nent office	Ler
· · · · · · · · · · · · · · · · · · ·	seeking hold	held
3		
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, board, oc	ommission, county, school district, twp, etc.)
Montgomery Cour	+40060	euc
Puplic Health		
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	
SEO	disclosure for the calendar year listed here:	2 0 1 7
BB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	юх. Д	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON!  Name: National Address:  Address:  Address:  Baul		Interest Rate
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ		(OFFICIAL USE ONLY)
Name: Montgoney County Address	P. V. Box 311	
J. J. J. N.	excistour , PA 19404	
11 GIFTS (See instructions on page 2) If NONE, check this box.		Value 404 5
Source of Gift		Value of Gift
Address of Source of Gift	Circumstances (including description	n) of Gift
12 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 instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Name: Address:	,	
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	ee instructions on page 2) If NONE, check this be	interest Held (i.e., 5%, 10%, etc.)
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)		DOX.
	Re	elationship te Transferred
	est of said person's knowledge, information and bel the Public Official and Employee Ethics Act, 65 Pa.	lief; said affirmation being made subject
Signatur	Enter Current Date	e <u>4-27-18</u>
	E IS NOT COMPLETED. MAKE A COPY FO	OR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
EXLEY	SOOTT A PAS
02 ADDRESS office (business)	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER, OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked.	Check this
[-]	Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob title, etc.) seeking whold held
* MONTGOMERY COP	LAMNING COMMISS.
В	seeking   hold     held
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No.	minee (e.g., dept, agency, authority, borough, board, commession, county, school district, twp, etc.)
^ LOWER POTTSGROV	E TWP ENG
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents disclosure for the calendar was listed box.
ENLINEEZ	disclosure for the calendar year listed here.
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	CO
BURSICH REAL ESTATE PARTIER	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE  Name. University BANK Address:	14 N. MAIN ST. SOUDEITTON Interest Rates
BUSINESS & REAL ESTATE LUA	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ONLY IF NONE, Check this block
Name BuizsicH ASSUC. Address:	
BURSICH REAL ESTATE	2129 E HIGH ST 55 50 POTESTAND PA 1944
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value of Ciff
300100 01 011	
Address of Source of Gift	Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	NONE, check this box.
Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	(employoe, ota)
	-129 E. Hard ST. 12/13 Tand Acc
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	e instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
BURSICH REAL ESTATE PARTIE	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	ee instructions on page 2) If NONE, check this box
Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct of the betto the penalties prescribed by	est of said person's knowledge, information and belief; said affirmation being made subject e Public Official and Employee Ethics Act, 65 Pa C.S. \$1109(b).
Signature	Enter Current Date 5/23/18
THIS FORM IS	IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME								F	IRST I	NAME	<del></del>						МІ	SUFFIX
⁰¹		AV	N						] 🗟	Τ	M	AN	7	Н	A			A	
L	r A G	<u> </u>			<u> </u>			City	يا د	1/		1   14	Sta		Zin Co	de de	Area Co	nde	Phone
0															7 11 ( ) 4 ( )		JEA C		
NOT	E: IF YOU ARE II	NCLUDING	ATTA ETIME	NTS, DO	NOT	INCLUDE	ANYT	HING	THAT BEA	RS YO	UR S	OCIAL SEC	CURIT	Y NUM	BER O	R FINA	NCIAL A	ACCOU	NT NUMBERS.
03	STATUS Ched	k applicable	block or bl	ocks, mor	re than	one bloc	k may	be ma	rked. (See	instruc	tions o	n page 2)		<b>.</b>	<u></u>				heck this
	A Candi	date (includi 1ee	ng write-in)	c l c l		ublic Offic ublic Offic	•					oyee (Curr oyee (Forn		E &		ick this iu are fil i solicito	ıng	а	re amending n original filing
04	PUBLIC POSITION	ON OR PUB	LIC OFFIC	E (admini	strator	, member	, Comr	nissior	ner, job title	, etc.)	s	eeking	Å	Z\n	old		held		
A [	SOL	\ C	17	D PL															
					····			Т		· · · · ·	s	eeking		h	old		held		
В							<u>l</u> .	<u> </u>									<u> </u>		
05	GOVERNMENTA	L ENTITY in	which you a	re/were an	Officia	il, Employe	e, Can	didate	or Nominee	(e.g., c	lept, ag	ency, autho	rity, bo	rough, I	board, o	ommissio	on, cour	ity, schoo	ol district, twp, etc.)
A [	DAS	-0	0 1	-	A	<u>s</u> s	E	<u>5</u>	s M	16	N	<u> </u>	A	P	9 6	E A	<u> </u> L_	S	
в																			
06	OCCUPATION (	R PROFES	SION (This	may be t	he san	ne as bloc	ck 4)		07	YEAR	SE	INSTRUC	CTIONS	s					
		120/	,				-					n Blocks 8 r the calen				2	0	1 8	
08	REAL ESTATE					2) <b>if NO</b>	NE. cl	heck ti	his box./D				•						
09	CREDITORS (Se			2). Credit	or (Na	me and A	ddress	,	NONE, che								Inter	est Rate	
	Name: Chas	e Ba	σ <i>Է</i>						dress: (	-				72	ع			5.7	9
40	DIRECT OR INDI	DECT SOU	CER OF IN	COME inc	luding	(but not lis	nited to		moloyment										USE ONLY)
10	_	_											ch	eck thi	s block	. 🔲 🕆	,		•
	Name: Coun	+12 17	Mont	Source	y			Ade	Norc'	<u>۷. ۷</u> ساء:	20 ¥	<u> </u>	ı a	( <del>4</del> 1)	4	_ !	1		
				NONE -	hoel	thic hav	<b>⊠</b>		Holl	. 3 \0	سّر	714							
11	GIFTS (See ins Source of Gift	ructions on	page 2) II	NUNE,	Neck	THIS DOX.	لحر					<del></del>		7	-		Val	Gift	Parijes.
																		<u> </u>	da da
-	Address of Source of	Gift										Circumsta	nces (in	cluding	description	on) of Gli	<b>L</b> .:	<u></u> <	i di j
12	TRANSPORTA		ING, HOSI	PITALITY	(See	instruction	ns on p	page 2	) If NONI	E, che	ck this	box. 🗶				12 00 11 00 11 00	Value		
Γ	Source (Name and	Address)			T			1				T	Ţ		ſ		 		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
L	OFFICE, DIREC	TOPOLYD	D CHE' C	VMENT "	I ANY	BUGINE	SG /6	ee insi	tructions of	nage	2) if	NONE ch	eck thi	is box	<u> </u>	;_;	Positi	on Held (i	e, officer, director.
13	Business Entity	(Name and Ad	ldress)				<b></b> (3								14	g-401	1	tygra, etc.	***-11 % P***
	Name: Mont	Jomery	Bar	Associ	uti	<u>0 N</u>			ress: 10								<u> </u>	Tec	.e., 5%, 10%, etc.)
14	FINANCIAL INT Name and Address		ANY LEGA	L ENTITY	' IN BL	JSINESS	FOR P	PROFI	T (See inst	ructio	ns on p	oage 2) If	NONE	E, ched	ck this i	оох. 🧲		st neid (i	.e., 5%, 10%, etc.)
15	BUSINESS INT		RANSFERR	ED TO IN	MEDI	IATE FAM	IILY M	EMBE	R (See in:	structio	ns on	page 2)	If NON	IE, che	ck this	box.			
	Business (Name a Transferee (Name	and Addrosa													R	telationsh ate Tran	nip sferred		
	undersigned here	by affirms the	nat the fore	going info	rmatio	n is true a	nd cor	rect to	the best of ) and the P	said p	erson' Officiat	s knowledg	ge, info	rmatio	n and b	elief; sa a.C.S. \$	id affirn 1109(b	nation be	eing made subject
to th	e penalties preso						adu		,			=				2	5 /i	/18	
	Signatur							CK A	BOVE IS	NOT	COM	PLETED			rrent Da		<del>~ / '</del> DUR R	ECORI	os.
	THIS F	17							(3 of 4		J J								<del></del>
	1	1							(5.01-	7									

### Statement of Financial Interests Addendum

### Samantha Fagnan

09 Creditors

2. Capital One, P.O. Box 71083, Charlotte, NC 28272-1083

Interest Rate 24.4%

3. Navient, 123 Justison Street, Wilmington DE, 19801

Interest Rate 5.25-6.875%

2018 HAY -1 PH 2:59

### STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME  f a l i n	r o b e r t m
02 ADDRESS office (b	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked	Check this
	D Public Employee (Current) E Check this block if you are filing D Public Employee (Former) as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	fruit fruit fruit
A d e p u t y d i s t r i c t	
	seeking hold held
8	
	lominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
A M O N T G O M E R Y C O U N	1 T Y
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
,	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7
attorney	discretification and discretification and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	Promet.
attorney	Promet.
attorney  08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this limited of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	box.
attorney  8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: american education services Address	IE, check this box.
attorney  8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this land the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	IE, check this box. Interest Rate box 2461, Harrisburg, Pa. 17105  1.6
attorney  8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: american education services Address	IE, check this box. Interest Rate box 2461, Harrisburg, Pa. 17105  1.6
attorney  8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this land the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	IE, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Dyment. (See instructions on pg. 2) ONLY IF NONE, check this block.
attorney  08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  09 CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name american education services  POt  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	IE, check this box. Interest Rate box 2461, Harrisburg, Pa. 17105  Deprice (See instructions on pg. 2) ONLY IF NONE, check this block.
attorney  8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: american education services Address PO t  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	IE, check this box.  Interest Rate  box 2461, Harrisburg, Pa. 17105  Deprice (See instructions on pg. 2) ONLY IF NONE, check this block.
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name, american education services  Address PO t  Name Address  Address  Figure 1  Address  Address  Figure 2  If NONE, check this box.	IE, check this box.  Interest Rate  4.6  DOX 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6kQift
attorney  08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  09 CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name. american education services  Address POt  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name. Address  11 GIFTS (See instructions on page 2) If NONE, check this box.	IE, check this box.  Interest Rate  box 2461, Harrisburg, Pa. 17105  Dyment. (See instructions on pg. 2) ONLY IF NONE, check this block.
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this I  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name. Address PO E  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo Name. Address  Address  If NONE including (but not limited to) all emplo Name. Address  Address  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If TRANSPORTATION, LODGING, HOSPITALITY	IE, check this box.  Interest Rate  4.6  DOX 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6kQift  Circumstances (including description) of Gift
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this If NONE  REAL ESTATE INTERESTS (See instructions on page 2). Creditor (Name and Address)  REAL ESTATE INTERESTS (See instructions on page 2). Creditor (Name and Address)  If NONE  Address  PO to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	IE, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6/Qift  Circumstances (including description) of Gift
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is considered and address. If NONE Name, american education services  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emptodes Name.  Address Address Source of Gift  Tansportation, Lodging, Hospitality (See instructions on page 2) If None, check this box.  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)  Tansportation, Lodging, Hospitality (See instructions on page 2) If Source (Name and Address)	Ite, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 66/diff  Circumstances (including description) of Gift  F NONE, check this box.
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this If NONE, american education services  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed by the source of Gift  If NONE, check this box.  Address Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 3) If Source Source Source and Address)	IE, check this box.  Interest Rate  4.6  DOX 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6tQift  Circumstances (including description) of Gift.  Value  Posttion Held (i.e. officer, director,
28 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is considered and address. If NONE Name: american education services  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. Name  11 GIFTS (See instructions on page 2) If NONE, check this box.  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions in page 2) Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	IE, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6 Aint  Circumstances (including description) of Gift  ONNE, check this box.  Position Held (i.e., officer, director, employee, etc.)
attorney  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this If NONE Name american education services  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name  Address  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Name:  Address	IE, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Value 6 Aint  Circumstances (including description) of Gift  ONNE, check this box.  Position Held (i.e., officer, director, employee, etc.)
28 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is considered and address. If NONE Name: american education services  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. Name  11 GIFTS (See instructions on page 2) If NONE, check this box.  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions in page 2) Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	IE, check this box.  Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Dyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift  Value 6/-Qift  Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (S  Business (Name and Address)  14 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S  Business (Name and Address)	Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift  Value 6/-Qift  Value  Position Held (i.e. officer, director, employee, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is consistent of the instruction of page 2). Creditor (Name and Address) If NON Name american education services Address PO to DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name Address of Source of Gift  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name Address of Source of Gift  11 GIFTS (See instructions on page 2) If NONE, check this box.  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Source (Name and Address) Name: Address of Business  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See suspens (Name and Address))  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See suspens (Name and Address))  Transferree (Name and Address)	Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Git.  Value 64/Airi  Value 64/Airi  Value 64/Airi  Value 64/Airi  Interest Held (i.e. officer, director, employee, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e. 5%, 10%, etc.)  Interest Held Relationship Date Transferred  Dest of said person's knowledge, information and belief; said affirmation being made subject
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this is  OPERATOR (See instructions on page 2). Creditor (Name and Address) If NONE, Name, american education services.  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed Name.  Address of Source of Gift.  Address of Source of Gift.  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).  Tansferere (Name and Address)  Transferere (Name and Address)  Transferere (Name and Address)  Transferere (Name and Address)	Interest Rate  4.6  Dox 2461, Harrisburg, Pa. 17105  Doyment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Git.  Value 64/Airi  Value 64/Airi  Value 64/Airi  Value 64/Airi  Interest Held (i.e. officer, director, employee, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e. 5%, 10%, etc.)  Interest Held Relationship Date Transferred  Dest of said person's knowledge, information and belief; said affirmation being made subject

COMMONWEALTH OF PENNSYLVALA A SLIC-HREV 19746

### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-032-0939

01	FALON PATRICIA	MI SUFFIX
02		
H. I	IT DE YOU ARE INCLUDING ACLACHMENTS, NO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ncial account humbers.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) F. Check this if you are figure as a solicity of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	block ling are amending
04 A	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.): seeking X hold  LOMMUNITY HEALTH EDUCATO	held
B	i seeking hold 1	held
05 A	GOVERNMENTAL ENTITY in which you are were an Official, Employee, Candidate or Nominee (e.g., dept. egency, authority, borough, board, commissis	on, county, school district, twp, etc.)
B		
06 M K	OCCUPATION OR PROFESSION (This may be the same as block 4)  UNITY HEALTH EDUCATOR,  Information in Blocks 8 -15 represents disclosure for the calendar year licted here:  2	0 ( 8
UB	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	***************************************
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
	hamer Address.	Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.	<u> </u>
	Source of Gift	Value of Giff
•	Address of Source of Gift Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	Value
		1.176
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)	Position rigid (i.e., office; ejector, comployee, etc.)
	Hane. Address	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Name and Address of Business	Interest held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Namo and Address) Interest He Relationship	
The	Transfered (Harne and Address)  Date Transfered (Harne and Address)  Indersigned hereby affirms that the foregoing information is transported to the best of said person's knowledge, information and batter, said	ferred
	indersigned her ial and Employee Ethics Act, 65 Pa.C.S. § Signatus Enter Current Date	1109(b). 4/30/18
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YO	UR RECORDS.

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

01	LAST NAME	FIRST NAME MI SUFFIX
	FANCHER	R O D E R I C K M 3 d
N/C	THE DE VOID A SE INCHADING 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.	hammad + 1
	A Candidate (including write-in) C Public Official (Current) D	Public Employee (Current) E Check this block if you are amending if you are filing
	B Nominee C Public Official (Former) D	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking hold held
a [	Assistant Distr	ict Attorney
L	11 0 0 1 0 0 0 0 11 0 0 0	
r		seekingholdheld
в		
	COURTNIATIVE CALTED to this to any time of Official Employee Condidate of No.	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
05 Γ		
A	M O N T G O M E R Y C O U N	T Y
_ [		
В		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
Α	ssistant District Attorney	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
		444
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	x. 🔳
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	check this box.
	Name SEE ATTACHMENT Address:	interest Rate
		See Attachment
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	nent. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	•	check this block.
	Name Address	
11	GIFTS (See instructions on page 2) If NONE, check this box.	Vertical Gift
	Source of Gift	Vertice of Guit
•	Address of Source of Gift	Circumstances (including description) of Gift
_	2) 15	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	IONE, CHECK ONS DOX.
	OFFICE DIPECTORSHIP OF END OWNERT IN ANY PUBLISHESS (See 1-1-1)	rs on page 2) If NONE, check this box.
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	employee employee
	Name Address:	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	e instructions on page 2) If NONE, check this box. Interest Held (i.e. 5%, 10%, etc.)
	Name and Address of Business	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	
	Business (Name and Address)	Interest Held Relationship
The	Transferce (Name and Address)	Date Transferred ust of said person's knowledge, information and belief, said affirmation being made subject
	the penalties prescr	he Public Official and Employee Ethics Act, 65 Pa.C.S < 1109(b).
	Signature	Enter Current Date 4/4/18
	Signature	- · · · · · · · · · · · · · · · · · · ·





P.O. Box 69184 Harrisburg, PA 17106-9184 Toil-free: 800-699-2908 • Int'l 717-720-1985 Fax 717-720-1628 •TTY: Dial 711 Monday-Friday 8am to 9pm ET MyFedLoan.org

Date: 05/08/2018

Page 1 of 1

RODERICK M FANCHER

The following is provided pursuant to your request to verify information regarding your loan(s) serviced by FedLoan Servicing:

Sequence / Disbursement Date	Loan Program	Original Loan Amount	Current Principal Balance	Monthly Installment Amount	Repayment Terms	Interest Rate	Account Status
013 09/17/13	DLPLGB	\$2,832.00	\$3,516.59	\$10.45	132	6.160%	REPAYMENT
012 08/20/13	DLPLGB	\$6,952.00	\$8,652.50	\$25.71	132	6.160%	REPAYMENT
011 08/20/13	DLUNST	\$20,500.00	\$24,600.15	\$73.61	132	5.160%	REPAYMENT
010 08/14/12	DLPLGB	\$6,340.00	\$8,934.46	\$26.30	132	7.650%	REPAYMENT
009 08/14/12	DLUNST	\$20,500.00	\$27,563.46	\$81.70	132	6.550%	REPAYMENT
006 08/15/11	DLUNST	\$9,000.00	\$12,873.23	\$38.16	132	6.550%	REPAYMENT
005 08/15/11	DLSTFD	\$8,500.00	\$8,779.46	\$26.51	132	6.550%	REPAYMENT
007 04/01/11	DLSCNS	\$17,666.10	\$18,110.16	\$54.72	132	6.125%	REPAYMENT
008 04/01/11	DLUCNS	\$4,317.55	\$5,909.66	\$17.57	132	6.125%	REPAYMENT
004 09/03/09	UNSTFD	\$2,000.00	\$0.00	N/A	N/A	6.800%	PAID IN FULL
003 09/03/09	STFFRD	\$5,500.00	\$0.00	N/A	N/A	5.600%	PAID IN FULL
002 09/02/08	UNSTFD	\$2,000.00	\$0.00	N/A	N/A	6.800%	PAID IN FULL
001 09/02/08	STFFRD	\$5,500.00	\$0.00	N/A	N/A	6.000%	PAID IN FULL

If you have any questions or need additional information, contact us at the address or telephone number shown above.

Customer Service Department

PENNSYLVANIA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV 01/18 PLEASE PRINT NEATLY SUFFIX FIRST NAME 01 LÁST NAME 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) C Public Official (Current) Check this block Candidate (including write-in) are amending if you are filing an original filing D Public Employee (Former) B Nominee Public Official (Former) as a solicitor hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking hold В 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.) 05 SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address: 425 Swede Ct. Morristown, DA 19401 If NONE, check this box. Value of Citi Source of Gift Circumstances (including description) of Gift ŧ Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Position (a) (i.e., officer, director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Address: Name 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) he best of said person's knowledge, information and belief; said affirmation being made subject The undersigned and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties ;

(3 of 4)

Enter Current Date

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

### Addendum to "State Ethics Commission: Statement of Financial Interests"

09 – Creditors

**SOFI** 

650 Naamans Rd #300, Claymont, DE 19703

6.75% Interest Rate

Wells Fargo Dealer Services 930 Harvest Dr #200, Blue Bell, PA 19422 5.4% Interest Rate

Heartland ECSI 100 Global View Dr, Warrendale, PA 15086 4.5% Interest Rate

2018 BAY -1 LH IO: 15

2/2

	COMMON A SEC-1 RI			ENNS	SYLVA	MI			S	TA ⁻	TE	ME		OF PLEA						INT	ER	EST	ΓS									OMMISSION 300-932-0936
01	LASTN	AME															FIRS	1 T	IAM	E									_ <u>N</u>	AL_	SUF	FIX
	F E	R	м	A		<u>J</u>										. [	R	Ι.	٠	3 A									v			
0.																									-		•		٠.		<u> </u>	
NO.	re: IF YOU	IAPE	NCLI	IDIM	ሴ ልፕ	TAC	HME	NTS	no	NOT	INC	UDE	ANY	THING	TH:	IAT B	EARS	YC	UR :	SOCI	AL SI	CURI	TY NI	IMB	ER O	R FIN	ANC	IAL A	CC0	UNT	NUM	BERS.
	STATUS													/ be m																		<del></del>
	A [		lidate	•				70,13	c (	F	Public	Offic	lai (C	urrent) ormer)	ı	□ [	] Pu	bild	Em	ploye ploye	o (Cu	rront)	E		if vo	ook this ou are a solici	filin		il	blo are	eck th ck if y amer origin	ou
04	PUBLIC	POSITI	ON O	R PI	JBLI	C OF	FICE	(ac	lmini	strato	r, me	mber	, Con	ımisslı	oner	r, job t	itle, et	c.)		seek	Ing			hol	d	X	h	eld	······	,		
A [	рΤΙ	S	т	R	T		СТ	,		Α	Т	l	. 0	$ _{\mathbf{R}}$	1	N.	E.	Υ												ar antestron		
																				seek	ing			nol	d		h	eld				<del></del> 1
в																				<u> </u>		<u> </u>									<u> </u>	
05	GOVERN	MENTA	L EN	TITY	In wh	ich y	ou are	e/we	re an	Offici	al, En	nploye	e, Ca	ndidate	orl	Nomín	96 (8.9	j., d	ept, a	agenc	y, auth	ority, b	orougi	n, bo	erd, co	mmis	sion	count	y, sch	ool d	listrict,	twp, etc.)
A []	м о	N	т	G	o	М	Е		R	Y	AMINI THE I	С			Τ.		Γ	Y.		<u> </u>												1000
в				•••••		T	1	T			Ţ	Τ	T		T			<del></del>		T	T							,	·	ļ	}	
06	OCCUPA	TION	OR PI	ROF	ESSI	ON (	This	mav	be t	ne sa	me a	s bloc	k 4)				7 YE	AR	SI	EE IN	STRL	ισποι	VS.									
	JUDG												•									8 -15 re ndar ye			are:	2		0	1 2	3		- Section
OB	REALES										_	If NC	NE, c	heck	this	box.	$\overline{\mathbf{x}}$					<del></del>										
					·					, -																	- T	- 1	) }			y and
09	CREDITO	ors (s SEE					age 2	2). C	redit	or (N	ame i	and A	ddres		NO	NE, c	heck	this	box	٠. ا	j	<del></del>					2	Inter	est Ra	3. 11		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
10	DIRECT (	OR IND	RECT	rso	URCI	ES O	F INC	ОМ	E inc	luding	(but	not lis	mited	to) all	amp	loyme	nt. (S	e i	nstru	ctions	on p	) 2) O	NLY I	F NC	NE,	r1	-	(OF	FICIA	AL Ø	SE O	VLY)
	Name	SEE	ra :	ſΤΑ	CH	ED								Δ	ddre	88:						C	neck	() 14 <b>3</b> 0	block	• السيا		E(C)			Õ	
				F113F113113F1		**********	·Myses — spelat to	<b></b>					jere-ennesje				·				unna-aana	ate ( 4) ( pr 4 ( pr - 4 - 4 pr 4 pr -			· · · · · · · · · · · · · · · · · · ·	1181222244*****	_					
11	GIF1S (		tructio	ons o	on pa	ge 2	) if	NOI	NE, c	heck	this	box.	X	·														Val	ue of C	SIft.		-
[	30000		Ī					T	*****	<u> </u>	T	T	T		T								7		[	1		T				
L.,	Address of 8	Source o	r Gin		1					L	<u> </u>			L	.ـــــــــــــــــــــــــــــــــــــ		L_		l	CI	roumsi	ances (	المسل Includi	ng de	scripti	on) of (	3ift				<u></u>	
12	TRANSF				DGIN	IG, H	IOSP	ITAI	LITY	(See	insti	ructio.	ns on	page	2)	If NO	NE, c	hec	k th	la bo	x. [	1					\	/alus				<del></del>
Γ	Source (N	E E	l Addre	355) A	7	T		T	C	Н	E	Τ,	)		T		$\neg \uparrow$											Τ	Τ	_		
13	OFFICE,	DIREC		SHIF	P, OR	EMF		MEI		() ()-(	raban M delandada			See in	stru	ctions	on pa	ge	2) I	f NOI	NE, c	heck t	his be	ox.	x]				on Heli yee, e		, office	, director,
	Business	Entity	(Name	and	Addre	385)								۵۰	Idros	ıq.												•				
14	FINANC	AL IN	ERE:	STI	NA P	YLE	GAL	EN	TITY	IN B	USIN	ESS	FOR				nstruc	tior	is on	page	2)	If NON	IE, cł	eck	this	box.	X	Intere	st Hele	d (i.e.	, 5%, 1	0%, etc.)
	Name and	. muul 83		-an 198																												
15	BUSINE					NSFI	ERRE	D T	O IM	MED	IATE	FAN	IILY F	NEMP	<del>-</del> 3	(See	instru	ctic	ns o	n pag	je 2)	If NO	NE, c	hec								
	Business Transfere		nd Ad	dress	)					_					_										F	nterest Relation Date Tri	ship	,				
	undersign e penaltie	ec																				dge, in			and b	elief;	sald	affirn		bejr	ng ma	de subject
**!	·																					•			ent D		3	sh	12,	//2	8	
		igi 'H														E	IS NO	т	COI	WPLI	ETE	' D, MA					YO	R R	ECO	RD	S.	
																٥٠	f 4)				٠										<del>-</del>	17

### STATEMENT OF FINANCIAL INTERESTS HON. RISA VETRI FERMAN 2017

#### **ADDENDUM**

#### 9. CREDITORS

Chase VISA – variable interest rate New York

Citibank MasterCard - variable interest rate

### 10. DIRECT OR INDIRECT SOURCES OF INCOME

Commonwealth of Pennsylvania, Harrisburg, PA

Janney Montgomery Scott, Philadelphia, PA

Newman and Company, Inc., Philadelphia, PA

Mill Corporation, Philadelphia PA

# 12. TRANSPORTATION, LODGING OR HOSPITALITY EXPENSES

Various dates 2017: Montgomery Bar Association events (Value \$279.00)

Total 1 3/22/18

# STATEMENT OF FINANCIAL INTERESTS

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Pl	EASE	E PRI	NT N	IEATL	-Y											
01	LAST N	AMF		5,	<del></del>						F	RST N	NAME	<u> </u>							N	ii s	UFFIX	
0,	F1	771	N	(5							J	0	A	N							] [			<u>_</u>
02	AD			•					City							State	<i>7</i> i	n Cod	e	Area C	ode	Pt	one	
NC	OTE: IF YOU	J ARE INCLUDI	NG ATTA	CHMENT	'S, DO 1	NOT IN	ICLUDE	ANYT	HING	THAT	BEA	RS YC	OUR S	OCIAL	SECU	RITY N	UMBE	R OR	FINA	NCIAL	ACCO	UNT N	UMBER	RS.
03	STATUS	Check applic			s, more	_	one block olic Offici				(C)				je 2) (Current	:) E			ck this				this if you nending	g
	в	Nominee			С		olic Offici			D				oloyee (	Former	)		as a	are fi solicito	or "		an ori	ginal fi	ling
04	PUBLIC	POSITION OR F	PUBLIC	OFFICE (a	administ	trator, r	member,	Comn	nission	er, joł	title	, etc.)		seekin	g	.	hole	<b>1</b>	<u>ليا</u> .ا.	held		N	///	7
Α	<i>f</i> (   €	510	e	<u>n +</u>	7	9	[	H	5	5	<u>C</u>	9	$\square$	<i>[]</i>    seekin	4 r	<u>)   <del>/</del></u>	hole	1		held	(°)		VV	
ſ			Т	<del>- 1</del>				T	T			Τ		Seaviii	9			<u>.</u>	T		T			
В			<u> </u>					<u></u>				l	<u> </u>								i	l.		
05	GOVERN	IMENTAL ENTIT	<b>Y</b> in whic	h you are/w	ere an C	Official,	Employe	e, Can	didate o	or Non	inee	(e.g., c	lept, a	gency,	authority	, borou	gh, boa	ard, co	mmissi	on, coui	nty, sch	ool dist	rict, twp,	etc.)
Α	MO	NITIG	-01	ME	R	Y	<u> </u>	<u>[0</u>	U	$\mathcal{D}$	7	IY_							<u> </u>					
В																				<u></u>				
06	OCCUP	ATION OR PRO	FESSIO	N (This ma	ay be th	e same	e as bloc	k 4)			07	YEAR	SE	E INS	TRUCTI	ONS.				· · · · · · · · · · · · · · · · · · ·		- 1		
Ŕ	) ويخاراه	ntial S	UDC	rvis	.c s =	, 									ks 8 -15 calendai			ere:	2	0		7		
80	REAL E	STATE INTERE	STS (Se	e instructio	ons on p	page 2)	) If NO	NE, ct	ieck th	nis bo	x. 🟃	4												
09	CREDIT	ORS (See instru MRT1 Ca	ctions or	page 2). erita	Credito	r (Nam	ne and Ai ∫∈ra∫	ddress Ci20	), If N d; f ∫ , Add	ione,	che 200	ck this و ت م	s box Red	. [] [ ( ₁₀	) <b>(</b> ) <b>(</b> )	d Pi	rla	P	7	Inte	rest Ra	te G	.9	
10		or indirect s														check	this r	nnck	□ 3⁄6	(0	FFICIA	AL USE	ONLY)	)
	CIETE	(See instructions		2) If N(	ONE ch	neck th	nis hox	<b>1</b>														41E (	Ι.	
11	Source of		T		<b>T</b>			<b>X</b> '		T		T	Т	· T -				F	<u> </u>	<u> ya</u>	யூe of G ்∏	in	<u>.</u>	$\neg$
	Address of	Source of Gift						<u> </u>		_			<u> </u>	Circu	ımstance	s (includ	ling des	scriptio	ri) of Git		سلق	ا . ا		
12	TRANS	PORTATION, LO	DDGING	, HOSPIT	ALITY	(See in	nstruction	ns on p	age 2	) If N	IONE	E, che	ck thi	is box.	$\overline{\mathbf{Q}}$		•			Value	<u> </u>	. The section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the		
	Source (N	Name and Address							T		T				$\bigcap$			ſ	<u>5</u>	T.	•		Ž [	
13		, <b>DIRECTORSH</b> s Entity (Name an			ENT IN	ANY E	BUSINES	<b>5S</b> (S	ee inst	ructio	ns on	page	2) If	NONE	, check	this t	ox. §	دا			ion Held oyee, et		ficer, dire	ector,
	Name:		u						Addı	ress:														
14		IAL INTEREST d Address of Busin		LEGAL E	NTITY	IN BUS	SINESS	FOR P	ROFIT	Γ (See	inst	ruction	ns on	page 2	) If N	ONE, c	heck	this b	ох. <b>'</b> [С	Inter	est Held	I (i.e., 59	%, 10%, ₍	etc.)
15		ESS INTERESTS		SFERRED	то імі	MEDIA	TE FAM	ILY M	ЕМВЕ	R (Se	e ins	structio	ons or	n page	2) If N	IONE,	check		boxX[	eld				
	Transfor	oo (Name and Add)	race)															Da	elationsh ate Tran	sferred				
	ne undersigi the penaltie	ned hereby office	ne that II	o foreziois	ng inforr	mation	is true ar	nd con	rect to ties)	the be	st of he P	said p ublic (	ersor Officia	n's know I and E	wledge, mploye	inform e Ethic	ation a s Act,	ind be 65 Pa	lief; sa .C.S.	id affirm 1109(b	nation	being i	made si	ubject
	5	Signati							7-								Curre			1/18	120	7/8	<u>)                                    </u>	_
	•	тніѕ							K AI	BOVI	E IS	NOT	CON	IPLET	ED. N	IAKE.	A CO	PY F	UK Y	JUR R	(ECOI	KDS.		

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY FIRST NAME М SUFFIX 01 LAST NAME R А City State Zip Code Area Code Phone ADDRESS office (business or governmental) or home NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) C Public Official (Current) Check this block are amending if you are filing C Public Official (Former) an original filing B Nominee D ___ Public Employee (Former) as a solicitor X hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held ፟⁄7 held seeking hold E Μ 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.) E D В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 2 0 Administrator disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 2018 Address: 1031 Palmers Mill Rd Name: Natural Lands James Acres 1 4 Media PA GIFTS (See instructions on page 2) If NONE, check this box. **i** Val<del>ue-</del>of Gift 000 Source of Gift Circumstances (including description) of Gift Address of Source of Gift  $\overline{\Box}$ TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 employee, etc.) Business Entity (Name and Address) 1031 Palmers Mill RD 1906 Address: 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescri Enter Current Date

	PLEASE PR	RINT NEATLY					
01 L	AST NAME	FIRST NAME	=			MI SU	UFFIX
F	lanneryLundgran	Ann	le			<u>M</u> L	
02 AC	DDRESS off		St	ate 7in Co	ide Area Cod	e Ph	one
NOTE:	IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	T BEARS YOUR S	SOCIAL SECURIT	Y NUMBER O	R FINANCIAL AC	COUNT NU	JMBERS.
03 <b>ST</b>	TATUS Check applicable block or blocks, more than one block may be marked.	(See instructions	on page 2)			Check	
		Public Emp		if yo	eck this block ou are filing a solicitor		if you nending ginal filing
04 PL	UBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo			hold	held		_ <del></del>
A 8	Ublic Health N	, [	e				
hanver			seeking	hold	held	<del></del>	
В							
05 <b>G</b>	OVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, a	agency, authority, bo	orough, board, c	commission, county	, school distr	ict, twp. etc.)
A M	ontgomery Coun	<u> </u> + y					
вО	FFICE OF PUBLI	Ici h	Aeal	1+h			
06 0	CCUPATION OR PROFESSION (This may be the same as block 4)	•	EE INSTRUCTION		1		
	Public Health Nurse	Information	n in Blocks 8 -15 re for the calendar ye	epresents	2 0 1	7	
	EAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	юх. 🔀					
-,							
	REDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box	· <del>/</del>				
	ame: Address				Interes	st Rate	
ΪÄ		***************************************			<u></u>	<u> </u>	<u></u>
10 D	RECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	yment, (See instru	ctions on pg. 2) O	NLY IF NONE,	, (OF	FICIAL USE	ONLY)
		_	C	neck this block			4 - 8 - 1 - 1
N			×311			1_	
		NISTANA	PA 1940	<u></u>			
	SIFTS (See instructions on page 2) If NONE, check this box.			~~~	Valu	e of Gift	· · · · · · · · · · · · · · · · · · ·
							: <u> </u>
Ac	ddress of Source of Gift	<u> </u>	Circumstances (	including descript	tion) of Gift		
	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	f NONE, check th	nis box.		Value	<u> </u>	
	Source (Name and Address)						
13 (	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ions on page 2)	If NONE, check t	his box.		n Held (i.e., of /ee, etc.)	fficer, director,
	Business Entity (Name and Address)						
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S				box: Interes	t Held (i.e., 5	%, 10%, etc.)
	Name and Address of Business						
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	See instructions of	on page 2) If NO		Interest Held		
				i .	Relationship Date Transferred	ation to	made as b
The u	Transferee (Name and Address) Indersigned hereby affirms that the foregoing information is true and correct to the penalties pre	best of said perso	on's knowledge, in and Employee i	tormation and Ethics Act, 65 f	belief; said affirma Pa.C.S. §1109(b). . /	ation being .	made subjec
1	Signat			Enter Current D	•	5/201	8_
	THIS		PLETED. MA	KE A COPY	FOR YOUR RE	cords.	

### STATEMENT OF FINANCIAL INTERESTS

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

01 F	LAS	TNA	ME							Τ	1 1			Τ	ו ר	FIRS		ME	T _ T	_ T		T	Π_	T	T	1 <u>M</u>	SUF	
L	F	0	9	<u>e</u>					<u>L</u>	<u> </u>				<u>L</u>	<u> </u>	R	0	B	E 1	2   1		<u> </u>		<u> </u>	<u> </u>			<u></u>
02																												
			H,																						0141	000111	T NUIN	DED.
NO	TE: IF	YOU	ARE	NCL	UDIN	G ATT	ACHM	ENT	s, do	NOT	INCLU	IDE A	NYTI	ING	THAT E	BEARS	YOU	JR S	OCIAL SI	±CURI	I Y NU	MBEN	UKI	INAN	CIAL A		INUM	DENS.
03	STA	τυs	Che	ck ap	plical	ble blo	ick or I	block	s, mo	re than	n one t	lock r	nay t	e mai		_			on page 2			_					heck th	
	Α		Cano	lidate	(inclu	ding v	write-ir	n)	С		ublic C		•						oyee (Cu		E	i	Check Lyou a	are filir	ng	ar	e amei	
	В	Ш	Nom						С		ublic C				D				oyee (Fo	mer)		ć	as a so				1 Origin	
04	PUB	LIC P	OSITI	ON C	OR PL	JBLIC	OFFI	CE (a	dmin	istrato	r, mem	ber, C	omm	nission	er, job	title, et	c.) L	s	eeking		<u> </u>	hold	Т		held			
Α	A	D	m	, ]	~	,	s	τ	L	A	r	,	V	Ĕ		D ,	_	ρ	U 7	<u> </u>	<u>L.</u> .		į	<u></u>		l_	<u> </u>	
																		] s	eeking			hold			held			
в																											Ì	
			L																					miogio		hy poboo	dietrict	turn etc.)
05 Г	GOV	ERNI	MENTA	AL EN	ITITY	in whic	th you	are/w	ere ar	n Officia T	al, Emp	loyee,	Cano	idate (	or Nomi	nee (e.ç	j., dej 	рі, ақ	gency, auti		orougr	, boart						
^ L	m	0	س.	$\tau$	9	0	m	C	1	Y		C	0	U	~	Τ	<b>y</b>		R		0	R	٥	€	R		2 4	
в	מ	$\epsilon$	ε	σ	s																							
06	occ	UPA	TION	OR F	ROF	ESSIC	N (Th	is ma	y be i	the sai	me as	block ·	4)			07 <b>YE</b> .	AR	SEI	E INSTRU	JCTIO	NS.						_	
			ST ZA																in Blocks or the cale				e:	2	0	1 7		
								ructic	ne or	. 0200	2) If	NON	F ch	eck ti	his box		•											
80	KEA	L ES	IAIE	INIE	KES	13 (3	30 11151	ПСК	/115 Ut	i page	2, "	110.11	_,	ock i												2		
											<u>-</u>													-		20	L	All Codes of
09														) If N	IONE,	check	this I	box.	□ ^	_					Inter	st Rate		muery dig manu
	Name		1+12	۳-	> 5	19~K	<u> </u>							Add	ress:	0	. 1 <del>7</del> 1	200	-s D R					=- -		2 .759	%	n g
10	nipe	CT C	D IND	IDEC	TSO	IRCE	S OF I	NCO	ME in	cluding	(het n	nt limit	ed to						tions on p	2) 0	NLY IF	NON	E.	<u> </u>	(ŐF	FICIAL I	USE OI	VLY)
10																				С	heck t	nis bid	ock. [	Γ"	ur Giftin			The many
	Name	M	0~7	gom	4	Cou	~~	Pec	OK D	e/	of E	أحامك	<u>s</u>	Add	iress: C	>~c	m	ow,	gemen	Pla	<u>m</u>	SIE	30	<b>5</b> _[			1.	E I
																Vor,	75/	~~	~, <i>!</i>	A	79	404		K.	/>	7-		
11		TS (S		struct	ions d	on pag	e 2)	If NC	NE,	check	this b	ox.	-												Vali	ue of Gift		
Γ									Ţ	T										$\top$	1							
L	Addre	ss of S	Source	of Gift		<u> </u>		<u> </u>	1	1				<u>.</u>	J 1				Circums	ances (i	J includir	ıg desci	ription)	of Gift			• —	
													-							_					Value			
12			ORTA ame an			DGING	3, HOS	SPITA	ALITY	′ (See	instru	ctions	on p	age 2	) IT N	ONE, C	neck	tnis	s box.	1			<b>,</b>		value	.,,	·	<del></del>
ĺ	Ī																						l				.L	
13	OF	ICE.	DIRE	стог	RSHIF	OR	EMPL/	DYMI	ENT	N ANY	/ BUSI	NESS	(S∈	e inst	ruction	s on pa	ge 2	) If	NONE, c	heck tl	nis bo	x. [				on Held (i.e	office	r, director,
	Bus	iness	Entity	(Nan	ne and	Addres	is)																			, , ,		
	Nam									, IN: 5	101	00 ==	- -	Addi		innt	tions	or :	page 2)	KNON	IE ob	nck #h	ie ha-	<u>.</u>	/Intere	st Held (i.e	a., 5%. 1	0%, etc.)
14	FIN. Nam	ANCI e and	AL IN Addres	TERE is of B	ST If	N ANY	LEGA	AL E	NTITY	IN B	ψSINE	SS FC	JK PI	KUFII	(566	instruc	uons	on p	Jaye 2)	II NON	ic, ch	uun M	.3 50	<u>ت</u> ا	1			,
15							SFER	RED	TO II	MED	IATE F	AMIL	Y ME	МВЕ	R (See	instru	ction	s on	page 2)	If NO	NE, cl	neck t		est Hel	_			
		-	Name a																				Rela	tionshij Transt	9			
	unde	rsign		eby a	ffirms	sthat t	he for	egoin	g info	rmatio	n is tru	e and	corr	ect to	the bes	st of sa	d per	rson'	s knowle	tge, int	format	ion an	d belie	f; said	affirm	ation be	ing ma	de subjec
to ti	he pei	nalties	s pres	cribe									ınd	nues	y and th	e rubi	u on	nural									<del></del>	
			gnatu																							7 <u>, 2</u>		<del></del>
		т	HIS F	ORI	/ IS	CON	SIDEF	₹ED	DEF	CIEN	TIFA	NYE	3EO	CKA	BOVE	IS NO	тС	OMI	PLETEC	. MA	KE A	COP'	r FOI	≺ YO	UK RI	COKD	<b>J</b> .	

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME SUFFIX FRAME SCOTT
02	AD State Zin Code Area Code Phone
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) E Check this block if you are filing as a solicitor.  Check this block if you are filing an original filing.
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	ASSISTANT DA
вГ	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.)
A [	M O N T G O M E R Y C O U N T Y
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  A O A  O7 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box. [Address C.+, bc/k CC]  Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name: Salay - Approx. Sok  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.   Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)
14	Name Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  If NONE, check this box. [X] Interest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.   Business (Name and Address)  Transferred (Name and Address)  Date Transferred
	Transferee (Name and Address)  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib  undersigned hereby ne penalties prescrib
	Signature . Enter Current Date Enter Current Date For Your RECORDS.

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI SUFFIX
	FRANCE	JAMES	<u> </u>
02			
NC	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
	A Candidate (including write-in) C D Public Official (Current) D  B Nominee C Public Official (Former) D	if you	ck this block are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, joint	b title, etc.) seeking hold	held
A [	COUNTY PLANNER		
_		seeking 🔀 hold	Li held
B [	PLANNING COMMIS	SION POAM	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, co	mmission, county, school district, twp, etc.)
A	MONTGOMERY COUN	TU	
В	LOWER MERION TW	P	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
	Planner	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	2017
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	ох. 🗌	
	545 Hoverford Rd., Wynnewse	J PA 19896	···
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	, check this box.	Interest Rate
	Name: Chase: Address:	New York Avenue	0%
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
	Name: Millianty Address:	Po Gox 311 Noriston A	DA
	University of Pensylvania Hospital	Po Gox 311 Noriston, F 3400 Sprue, Philadelia	io A
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift		Value of Gift
i	Address of Source of Gift	Circumstances (including description	n) of Gift Company
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	NONE, check this box.	Value
	Source (Name and Address)		
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE, check this box.	Position Held (i.e., officer, director, embitoree, etc.)
13	Business Entity (Name and Address)		emblaree, ctc.)
14	Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	e instructions on page 2) If NONE, check this be	127
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	Inte	pox. Serest Held lationship
	Transferee (Name and Address)	Da	te Transferred
The to	e undersigned hereby affirms that the foregoing information is true and correct to the be the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and t	est of said person's knowledge, information and bel he Public Official and Employee Ethics Act, 65 Pa.	c.s. \$1109(b).
	Signature	Enter Current Date	« <u>4/12/18</u>
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE	EIS NOT COMPLETED. MAKE A COPY FO	OR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01	LASTNAME	FIRST NAME MI SUF	FFIX
	G A L L A G H E R	BRIDGET C	
02	ADDRESS office (business or governmental) or home City	State Zip Code Area Code Phon	ne
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH.	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUM	ABERS.
03	STATUS Check applicable block or blocks, more than one block may be market	_ Chack to	
	A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	Public Employee (Current) E Check this block if you are filing an origin	nding
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	title, etc.) seeking hold held	
Α	A S S I S T A N T D I S T F	I C T A T T O R N E Y	
		seeking hold held	
В			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	nee (e.g., dept, agency, authority, borough, board, commission, county, school district,	, twp, etc.)
Α	M O N T G O M E R Y C O U N	TY	
в			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
L	AWYER	Information in Blocks 8 -15 represents disclosure for the calendar year listed here	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this		
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	check this box. Interest Rate	
	Name Address	unterest rate	
		(OFFICIAL LISE OF	NII M
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	ent. (See instructions on pg. 2) ONLY IF NONE, check this block.	NLT)
	Name MONTGOMERY COUNTY DISTRICT ATTORNEY'S OFFICE Address	X 311 NORRISTOWN PA 19404	
			1
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift		1
		8.1	
	Address of Source of Gift	Circumstances (including description) of diff	الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاسان الاستان الاستان الاستان الاستان الاستان الاستان الاستان الاستا
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	ONE, check this box. Value	Terry E
i	Source (Name and Address)		K (e
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)	s on page 2) If NONE, check this box. Position Held (i.e., officer employee etc.)	r, director
_	Name. Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S	Instructions on page 2). If NONE check this hox. ( Interest Held (i.e. 5%, 10)	0%. etc.)
14	Name and Address of Business	Hallotto on page 17 Filteria, allow this source	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (	instructions on page 2) If NONE, check this box.	
	Business (Name and Address)	interest Held Relationship	
The	Transferee (Name and Address) - undersigned he	Date Fransferred of said person's knowledge, information and belief, said affirmation being made	de subject
to t	ne penalties pre	e Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b)	
	Signat	Enter Current Date 4/6/14	
	THIS	IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.	

#### PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX FIRST NAME MI LAST NAME J h 0 а s G а r i t Y m r NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) Check this block C Public Official (Current) are amending if you are filing an original filing C Public Official (Former) D Public Employee (Former) as a solicitor hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking i D D $\mathbf{C}$ t t r е seeking hold held В 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.) t D £ Μ r O u e а r t 0 0 n t 0 m e n p g £ i S P u b 1 C а t У OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 2 Deputy Director, Fire Programs 0 1 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: COFFICIAL USE ONLY DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block Grant & Frankford Ave 19151 Name: Holy Family University 17th & Spring Garden Sts. 19131 Community College of Phila. GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Giff TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (i.e., officer, director employee, etc.) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business 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 correct to the best of said person's knowledge, information and belief; said affirmation being made subject The undersigned he uthorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties pre Enter Current Date Signa LOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS

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

01	LAST NAME	FIRST NAME	MI SUFFIX
	6EARY	ROBERT	$\square$ $\square$
02		Circles 7th Cards	Aces Code
NO	TE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked	d. (See instructions on page 2)	Check this
		D Public Employee (Current) E Check this if you are as a solici	filing are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking Anold	held
A (	ENVIRONMENTAL A	ALAITH SPEC	1 / A / /ST
В		Seeking	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, agency, authority, borough, board, commiss	sion, county, school district, twp, etc.)
ΑĹ	MONTBOMERY COUN	47	
В			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
E	ENVIRONMENTAL HEAlth SpecialisT	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	017
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box. 🗶	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.	
	Name Address	•	Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	yment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
	M. M. Darthy M. A. C. S. J. O. J. A. Address	P.O. Box 311	
	Marne Monthy usery County Address	castour, PA 19404	<i>_</i> ~_3
11	GIFTS (See instructions on page 2) If NONE, check this box.	3. No. 1977 Special Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	<u> </u>
11	Source of Gift	production of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	- Value of GiftT -
i.	Address of Source of Gift	Circumstances (including description) of G	in
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	f NONE, check this box.	Value To To
12	Source (Name and Address)		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
			<u></u>
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)	ions on page 2) If NONE, check this box.	Position Held (i.e., officer, director employed, etc.)
	Name Address:		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	ee instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	See instructions on page 2) If NONE, check this box. Interest f Relations	
	Transferee (Name and Address)	Date Trai	asferred
	undersigned her <del>oby affirms that the foregoing information is true and correct to the</del> ne penalties pres	best of said person's knowledge, information and belief, s blic Official and Employee Ethics Act, 65 Pa.C.S.	\$1109(b).
	Signatu	Enter Current Date	1/20/18
	Signatur THIS F	NOT COMPLETED. MAKE A COPY FOR Y	OUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

MI

SUFFIX

01	LAST NAME			FIRST NAMI			1	MI	SUFFIX
	GENOYA			U # V	עוו				
d									
			eren alla sen interes a more	or and door a	SOCIAL PECCUS	TYN ABBARTER	WIN COMM	NOTAL ACCESSION	TMUMOCOS
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS,					ITT NUMBER	OKTINA	NCIAC ACCOUNT	1 14000000000
03	STATUS Check applicable block or blocks,	lww.mi			on page 2)	E 🗍 (	Standards	hli	neck this ock if you
	(**************************************	C Public Official (C C Public Official (F	•		ployee (Current)	i	Check this f you are fi is a solicite	ling ar	e amending n original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (adm	ninistrator, member, Con	nmissioner, job	title, etc.)	seeking	H hold		held	
Α	DIRECTUR	OF H	E A	LTH	PR	OM	UT	i U 1	/
					seeking	hold		held	and a second second second second second second second second second second second second second second second
в									
05	GOVERNMENTAL ENTITY in which you are/were	e an Official, Employee, Ca	andidate or Nom	nee (e.g., dept, a	gency, authority, t	orough, board	i, commissi	on, county, school	district, twp, etc.)
A	MONTGUMEI	27 60	ソレル	アレ					
8									
06	OCCUPATION OR PROFESSION (This may I	oe the same as block 4)			E INSTRUCTIO		I	1 . 1 . 1	"I
$D_{\ell}$	rector of HEALTH from	onen			in Blocks 8 -15 r or the calendar y		e: 2	0/8	
08	REAL ESTATE INTERESTS (See instructions		check this box						
09	CREDITORS (See instructions on page 2). Cre	editor (Name and Addres	ss) If NONE,	check this box	. W				<del></del>
	Name		Address:					Interest Rate	
10	DIRECT OR INDIRECT SOURCES OF INCOME	including (but not limited			C	neck this bid	ck. [	(OFFICIAL U	ISE ONLY)
	Name DALIN (X NOVA		Address:	2041 Con	it fono	DR		<i>-</i>	2
			Buros	BURU PA	19508				
11	GIFTS (See instructions on page 2) If NON Source of Gift	E, check this box. 💽	^					Value of Gift	
	Source of Ont								il III
Į	Address of Source of Gift				Circumstances (	l (including descr	iption) of Gif		
	TRANSPORTATION, LODGING, HOSPITAL	ITV /See instructions on	nage 2\ If N	ONE check thi	e hox			Value	
12	Source (Name and Address)	ITT (See instructions on	page 2) III	ONE, CHOCK III	- DVX. [2]		(·····································		63 TTL
			40000						<u>. L. L. L. L. L. L. L. L. L. L. L. L. L.</u>
13	OFFICE, DIRECTORSHIP, OR EMPLOYMEN Business Entity (Name and Address)	T IN ANY BUSINESS (	See instruction	s on page 2) if	NONE, check t	his box. $ u$		Position Held (i.e employee, etc.)	e, officer, director,
	Name:		Address					Interest Held (i.e	E9/ 109/ ptp.)
14	FINANCIAL INTEREST IN ANY LEGAL ENT Name and Address of Business	ITY IN BUSINESS FOR	PROFIT (See	instructions on	page 2) If NON	NE, check th	s box. [	Interest rield (1.6	., 576, 1576, etc.)
	BUSINESS INTERESTS TRANSFERRED TO	NAME OF THE PARTY OF	MEMBER (CA	» instructions or	page 2) If NO	NE, check th	ila box. 「		
15	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)	MINIMEDIA : E PANIET I	errinorii (36)	o mon donore or	. page =/ 1114		Relationsh	eid nip	
The	Transferee (Name and Address)		ct to the be	st of said persor	's knowledge, in	formation and	Date Tran	id affirmation bei	ng made subject
	he penalties		rities) and th	e Public Officia	l and Employee I				,
	Sign							-30-7015	
	тн		K ABOVE	IS NOT COM	IPLETED. MA	KE A COPY	FUR YC	OUR RECORDS	ɔ. 

REMINEY MANIA STATE ETHICR COMMISSION COMMONWEALTH OF RENNEYLVANI STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/16 (717) 703-1610 • TOLL FREE 1-600-932-0036 DI BASE BRINT NEATLY CIRST NAME SUFFIX LAST NAME 01 teven (-) 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this E Check this block if you are filing block If you C Public Official (Current) D Public Employee (Current) A Candidate (including write-in) are amending en original filing D Public Employee (Former) B Nominee C Public Official (Former) as a solicitor liold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held Heid hald saaking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nontinee (e.g., dept, agency, authority, berough, board, commission, county, school district, twp, etc.) B OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SPE INSTRUCTIONS Information in Blooks 5 -15 represents 0 | 1 environmental fired services disclosure for the calendar your listed here: NEAL ESTATE INTERESTS (See instructions on peac 2) CREDITORS (See instructions on page 2). Creditor (Namo and Address) If NONE, check this box. Interest Rate Address P. O. Pox 7829 Nome Hende Tipsinical Philydelphia PA Angen Honda Timenu DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY) chask this block. Nemo Cant of Mant some Address Nilly Section GIFTE (See Instructions on page 2) If NONE, check this box. Value of Girt Bourge of tillfi Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See Instructions on page 2) If NONE, check this box. Velice Source (Name and Admess) Position Held (i.e. officer director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. [X] Interest Held (i.e., 5%, 10%, etc.) QUAINDES INTERESTS TRANSPERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Internet Hild

> Official and Employee Ethics Act, 65 Ps.C.S \$1109(b) 130 Enter Current Date

the best of said person's knowledge, information and belief; said atternation being made subject

COMPLETED. MAKE A COPY FOR YOUR RECORDS

Relationship Date Transferred

(scenbbA bisp emak) seensud

Transferes (Name and Address)

The undersigned

to the penalties p

Sign

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME MI SUFFIX
	6, a comucci Monica
02	
02	
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)
00	block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending as a solicitor as a solicitor
~	tental property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property and property an
04	
A	Disease Intervention Specialis
<b>J</b> 0.00	seeking hold held
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.)
Αij	montgomery county office of
R	
	Public Health I
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
$\mathcal{D}_{i}$	Sease Intervention Specialist Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name Montgomery Count Office of Public Heathaddress P.O. Box 311, Norristown PA 19404
(	Name Montgomery Lount Office of Public Healthadress. P.O. Box 311, Norristown 14 19404  3 Rent self employed 34 EmcPherson St, Philadelphia
11	GIFTS (See instructions on page 2) If NONE, check this box.
γ	Source of Gift Value of Gift
Ĺ	
	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
	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	Business Entity (Name and Address)
	Name. Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.    Interest Held (i.e., 5%, 10%, etc.)   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Address of Business   Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and N
	Name and Address of Business
14	Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)
15	Name and Address of Business  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)  Transferee (Name and Address)
15	Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held Relationship
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)  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties press  Business (Name and Address)  Interest Held Relationship Date Transferred  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties press  Business (Name and Address)  Interest Held Relationship Date Transferred  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties press  Business (Name and Address)  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties press  Business (Name and Address)
15 The	Name and Address of Business  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)  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject

### STATEMENT OF FINANCIAL INTERESTS

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

GIAMPORCARO	FIRST NAME	MI SUFFIX
O 3 M M O N O M O O		
02	State 7	o Code Area Code Phone
		CO OD CINIANOIA), A COOSSIT NUSSOCO
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING	S THAT BEARS YOUR SOCIAL SECURITY NUMBI	R OR FINANCIAL ACCOONT NUMBERS.
33 STATUS Check applicable block or blocks, more than one block may be ri	arked. (See instructions on page 2)	Check this
A Candidate (including write-in) C Public Official (Current	) D 🗡 Public Employee (Current) E 🗌	Check this block Check this block are amending
B Nominee C Public Official (Former	D Public Employee (Former)	if you are filing as a solicitor an original filing
	oner, lob title, etc.) seeking Mol	i held
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissi	oner, job title, etc.)	
OEPUTY OINTRIC	TATTORNE	
Millionages used to common used a principal control to a set commander a principal control to the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the s	seeking hol	t held
OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidat	e or Nominee (e.g., dept, agency, authority, borough, bo	ard, commission, county, school district, twp, etc.)
M O N T G O M E R Y COL		
3		
		and and an arranged
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
DEPUTY PISTRICT ATTORNE	Information in Blocks 8 -15 represents disclosure for the calendar year listed h	ere: 2 0 1 7
SUPPLY AND AND AND AND AND AND AND AND AND AND	this how	
DB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check	tille pox.	
O9 CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name:	ddress	Interest Rate
	ONLY (ENC	NE, (OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all	check this	block.
Markon mer Orinky - Courthouse	ddress:	Can see San San
Name Montgomery County - Courthouse &	04-1311	
PU 130 X 311 NOIT, 3 YOUR FN ETE	- 2 0 - 17	
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift		Value of Gift
	Circumstances (including de	ecription of Griff
Address of Source of Gift	Official instances (including so	Salphan, Salphan
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 in	structions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)	,	
Name.	ddress.	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRO	FIT (See instructions on page 2) If NONE, check	this box, Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMB	ER (See instructions on page 2) If NONE, check	. Allerian termina ale al
m i na na na na na na na na na na na na na		
Business (Name and Address)		Interest Held Relationship
Transferee (Name and Address)	to the heet of said person's knowledge information	Interest Held Relationship Date Transferred and belief, said affirmation being made subje-
	to the heet of said person's knowledge information	Interest Held Relationship Date Transferred and belief, said affirmation being made subjet
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the penalties prescribed by 18 Pa C S 54904 (unsworn falsification to authoriting)	to the best of said person's knowledge, information es) and the Public Official and Employee Ethics Act	Interest Held Relationship Date Transferred and belief; said affirmation being made subje 65 Pa.C.S. §1109(b)
Transferee (Name and Address)	to the best of said person's knowledge, information es) and the Public Official and Employee Ethics Act, Enter Curre	Interest Held Relationship Date Transferred and belief; said affirmation being made subject 65 Pa.C.S. §1109(b)

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

01	LAST NAME	FIRST NAME MI SUFFIX
	6142157	CRYSTAL
NC	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
	• •	Public Employee (Current) E Check this block block if you
	B Nominee C Public Official (Former) D	if you are filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, joi	b title, etc.) seeking hold held
Α	TRANSPORTATION	PLANNER
_		seeking hold held
в		
05	COVERNMENTAL ENTITY in which you are/were an Official Employee Candidate or Non	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
آ م		
<u> </u>	MONTGOMERY COUN	
в		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
7	LANSBORMANON PURNICAL	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	их. <u>-</u> -
-	PONE	
<del></del>	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	check this box.
	Name: Address:	Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employr	check this block.
	Name: MONTGOMERY O Address:	ONE MONTGOMERY PLAZA
	Name: MONTGOMERY O Address: PLANNING COMMISSION N	MUNISTAND PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box.	Value of State
	Source of Gift	Value or GA
		Circumstances (including description) of Gift
	Address of Source of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	NONE, check this box.
į	Source (Harris Marie Landson)	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE, check this box. Position Hald (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)	980 HARVEST DR. STE 100 (COLUTY- REP
	Name: TRANSMET BODZ DOF DIRECTORS Address:	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Ser Name and Address of Business	s instructions on page 2) II NONE, CHECK this DOX.
_		point setions on page 2). If NONE check this have
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	Interest Held Relationship
_	Transferee (Name and Address)	Date Transferred
	e undersigned hereby affirms that the foregoing information is true and correct to the be- he penalties prescri	ast of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
	Signature —	Enter Current Date 4 - 6 - 18
	THIS FORM IS CONSIDERED DEFICIENT IF ANY DECONADOVI	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PLEASE PRINT NEATLY

								<del></del>																	
01	LAST	NAME											FIRST	NAME	 <b>=</b>								MI	SUF	FIX
	GI	1	LE	N								7 1	/ \	$\overline{}$	_ t		2 1		NE			7 [	V		
		101		114				<u> — — — — — — — — — — — — — — — — — — —</u>				1 7		.	THE	!	<u> </u>		10   6	-		[	<u>-</u>	<u> </u>	لـــــــــــــــــــــــــــــــــــــ
02	ADI																								
_																									
NC	OTE: I		No more	NG A	PENTANTAN		21000	-15141-	VI-1-4	en e		IDAL DE	A1450	V103.	AULUA SI			III ARES	ing a Unit	EISIA	31. 10.	ALT:		SU II W	SEDS
_													-		10		.,,			1 111271			00.11	110.17	
03	STATU	S Che	k applic	able bl	ock or bloc	ks, ma	re tha	in one	block	may	be ma	rked. (Se	e instru	ctions	on page 2	d o	7 2	٠.					Che	eck th	s
	A 2	Candi	date (inc	cluding	write-in)	С		Public (	Officia	al (Cu	rrent)	D [	Publi	c Emp	loyee (Cu	rrent)	′ {	018	Chec	k this	block	_		ck if y	
	вΈ	Nomir	ee			С	<u>ب</u>	Public (				D.	Post	C.	Alice (Fo	mer)			if you	are fil	ing			amen origin	aing al filing
										<u> </u>					<del>WYY</del>	וחל	1/1-11-		40 4		<u>"</u> .				
04 r	PUBLIC	POSITIO	ON OR F	PUBLIC	OFFICE (	admin	istrato	эг, төп	nber,	Comr	nission	er, job tit	e, etc.)		seeking	. 07	NXI)	17	VCL.	<i>-</i>	heid	,			<del></del>
Α	EA	.   🤇   ¬	-	N	OR	Z	1	T	0	N		TA	r X		C D	1	. 1	į		77	0	12			
Ĺ		1 -	<u> </u>	1,,,		11.	<u>: •                                     </u>	1 - 1			11	<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>			-   0	<i>,</i> –		1 -	•		1	
-				<del></del>	T		,	1 1			···········			<u> </u>	seeking	<del></del>	Ļ	hol	ldi .,	<u> </u>	held				<del>, , , ,</del>
В																									
		<u> </u>		<u> </u>	<u> </u>									<u> </u>										1	<u> </u>
05	GOVER	NMENTA	ENTT	<b>Y</b> in whi	ch you are/v	were ar	n Officia	al, Emp	oloyee	, Can	didate o	or Nomine	e (e.g., c	dept a	gency, auth	ority, t	orougi	n, bo	ard, cor	nmissio	on, cou	nty, sc	hool d	istrict,	wp, etc.)
	E 1	6 7	-	N.	0 0	D	1	-	$\sim$	NI		7 0	1.4/	N	QIN	_ 1	n			7			T	T	
^ [	レート	フ		IN	UR	K-	1.1		V	١V	1 1	TO	VV	17	7 7	l   l	1					1		Ш	
_ [		1	<u> </u>	1	1	Ţ	1	ı i				. T	<del>-</del> T	Т	TT-	<b>T</b>	_	7			1	T	<del></del>	T-	ī -
В							<u> </u>			<u> </u>															
06	OCCUR	ATION	B bbu	FESSI	ON (This ma	av he t	the se	me ac	block	(4)		07	YEAR	SF	E INSTRU	CTIO	NS.								
00	٠			LOOK	<b>214</b> (1185 118	ay De i	uic sa	ine as	DIOCK	٠-,		,			in Blocks 8			ents		2	0	1	7		
	M	calt	V												or the cale				еге:	2	0	1	_ [ ]		
08	DEAL E	CTATE	NTEDEC	PTS (S.	ee instructi	one on	. nage	2) H	NON	JE ch	eck th	is boy	74											*****	
								•					<i>-</i>												
		ORS (Se	e instruc	ctions o	on page 2).	Credit	tor (Na	ame ar	nd Add	dress	) If N	ONE, ch	eck this	s box.							Inte	rest R	ate		
	Name:	IORS (Se	e instruc	ctions (	on page 2).	Credit	tor (Na	ame ar	nd Add	dress		ONE, che	eck this	s box.							Inte	rest R	ate		
10	Name:										Add	ress:				2) C	ONLY IF	- NO	NE.					SE ON	LY)
10	Name:				on page 2).						Add	ress:				i. 2) <b>C</b>	ONLY IF	- NO	NE,					SE ON	LY)
10	Name:					ME inc	cluding	) (but n	ot limi		Add o) all en	ress: nployment				. 2) <b>C</b>	ONLY IF	- NO	NE, block.					SE ON	LY)
10	Name:					ME inc	cluding		ot limi		Add o) all en	ress:				. 2) <b>C</b>	DNLY IF	NO his l	NE, block.					SE ON	LY)
10	Name:					ME inc	cluding	) (but n	ot limi		Add o) all en	ress: nployment				i. 2) <b>C</b>	DNLY IF	NO his l	NE, block.					SE ON	LY)
10	Name: Name: GIFTS	OR INDI	RECT SC	DURCE		ME inc	cluding	; (but n	ot limi	ited to	Add o) all en	ress: nployment				i. 2) C	DNLY IF	- NO his I	NE, block.		(0	FFICI	AL US		LY)
	Name:	OR INDI	RECT SC	DURCE	S OF INCO	ME inc	cluding	; (but n	ot limi	ited to	Add o) all en	ress: nployment				. 2) <b>C</b>	NNLY IF	NO his I	NE, block.		(0	FFICI			LY)
	Name: Name: GIFTS	OR INDI	RECT SC	DURCE	S OF INCO	ME inc	cluding	; (but n	ot limi	ited to	Add o) all en	ress: nployment				i. 2) C	DNLY IF	- NO	NE, block.		(O)	FFICI	AL US		LY)
	Name:  Name:  GIFTS Source o	(See inst	RECT SC	DURCE	S OF INCO	ME inc	cluding	; (but n	ot limi	ited to	Add o) all en	ress: nployment					heck t	his l	olock.	) of Giff	(O	FFICI	AL US		LY)
	Name: Name: GIFTS	(See inst	RECT SC	DURCE	S OF INCO	ME inc	cluding	; (but n	ot limi	ited to	Add o) all en	ress: nployment			tions on pg		heck t	his l	olock.	) of Gift	(O	See of	AL US		LY)
	Name:  DIRECT  Name:  GIFTS  Source of	(See inst	RECT SO	on pag	S OF INCO	ONE, o	check	this b	ot limi	ited to	Add Add	ress:	. (See i	nstruct	tions on pg	ances (	heck t	his l	scriptori		(O Value	FFICI	Gift		LY)
11	Name:  DIRECT  Name:  GIFTS Source of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	(See inst	ructions Gift	on pag	e 2) If N	ONE, o	check	this b	ot limi	ited to	Add Add	ress:	. (See i	nstruct	tions on pg	ances (	heck t	his l	scriptori		(O Value	See of	Gift		LY)
11	Name:  DIRECT  Name:  GIFTS Source of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	(See inst	ructions Gift	on pag	e 2) If N	ONE, o	check	this b	ot limi	ited to	Add Add	ress:	. (See i	nstruct	tions on pg	ances (	heck t	his l	scriptori		(O Value	See of	Gift		LY)
11 12	Name:  DIRECT  Name:  GIFTS  Source of TRANS  Source (	(See inst if Gift If Source of SPORTAT Name and	ructions Gift HON, LC Address)	on pag	ge 2) If No	ONE, C	check	this b	oox.	s on p	Add Add	ress:	. (See i	nstruct	Circumsta	ances	includin	ng de	scriptori		Value	Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	AL US		
11	Name:  DIRECT  Name:  GIFTS  Source of  TRANS  Source (	(See inst if Gift If Source of SPORTAT Name and	ructions Gift TORSH	on pag	ge 2) If No	ONE, C	check	this b	oox.	s on p	Add  Add  Add  Add  Dage 2)	ress:  If NON  ructions o	. (See i	nstruct	Circumst	ances (	including this bo	ng de	scriptori		Value	Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	AL US		LY)
11 12	Name:  DIRECT  Name:  GIFTS  Source of TRANS  Source (  OFFICI  Busine:	(See inst (See inst f Git F Source of	ructions Gift TORSH	ODGING	ge 2) If No	ONE, C	check	this b	oox.	s on p	Add  Add  Add  Add  Dage 2)	ress:  If NON  ructions o	. (See i	nstruct	Circumst	ances (	including this bo	ng de	scriptori		Value	Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	AL US		
11 12 13	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (  DIFFICI Busine:  Name:	(See inst (See inst of Gift I Source of PORTAT Name and	ructions Gift HON, LC Address) TORSHi	ODGING	ge 2) If No	ONE, C	check  (See	this b	oox. )	s on p	Add  Add  Add  Add  Addr  Addr	ress:  If NON  Luctions o	E, chenn page	ck this	Circumst s box.	ances (	including this bo	ng de	scriptori	?A	(O Value	on He	Gift  dd (Lett.)	officer	
11 12	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (  DFFICE Busine:  Name:  FINAN	(See inst (See inst of Gift I Source of PORTAT Name and	ructions  Gift  HON, LC  Address)  TORSH  Name an	ODGING  DDGING  DDGING  DDGING  Addres  N AND	ge 2) If No	ONE, C	check  (See	this b	oox. )	s on p	Add  Add  Add  Add  Addr  Addr	ress:  If NON  Luctions o	E, chenn page	ck this	Circumst s box.	ances (	including this bo	ng de	scriptori	?A	(O Value	on He	Gift  dd (Lett.)	officer	director.
11 12 13	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (  DFFICE Busine:  Name:  FINAN	(See inst (See inst f Gift I Source of SPORTAT Name and E, DIREC ss Entity	ructions  Gift  HON, LC  Address)  TORSH  Name an	ODGING  DDGING  DDGING  DDGING  Addres  N AND	G, HOSPIT	ONE, C	Check  (See	this b	oox. )	s on p	Add  Add  Add  Add  Addr  Addr	ress:  If NON  Luctions o	E, chenn page	ck this	Circumst s box.	ances (	including this bo	ng de	scriptori	?A	(O Value	on He	Gift  dd (Lett.)	officer	director.
11 12 13	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (  Busine:  Name:  FINAN Name a	(See inst of Gift of Source of Sportal Name and See Entity of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and Address of CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT and CIAL INT a	ructions Gift TORSH Name an VCC EREST of Busine	ODGING DOGING  HOSPIT	ONE, C	Check (See	this b	ook. j	s on p	Add  Add  Add  Add  Addr  ROFIT	If NON	E, che	ck this	Circumston box. When the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	annoes (	includin	ng de Nav. [	scription this bo	<b>2A</b>	(O Value	on He	Gift  dd (Lett.)	officer	director.	
11 12 13	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (  DIRECT  Name:  FINAN Name a	(See inst (See inst f Gift I Source of PORTAT Name and CIAL INT nd Address (SESS INT	ructions Gift  TORSH Name an  VICEREST OF BUSINE	ODGING  DDGING  IP, OR Id Addres  IN ANY  ESTRAN	G, HOSPIT	ONE, C	Check (See	this b	ook. j	s on p	Add  Add  Add  Add  Addr  ROFIT	If NON	E, che	ck this	Circumston box. When the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	annoes (	includin	ng de Nav. [	scription this bo	<b>2A</b>	Value Positients Internal	on He	Gift  dd (Lett.)	officer	director.
11 12 13 14	DIRECT Name:  GIFTS Source of TRANS Source (  DIRECT  Name:  FINAN Name a  BUSIN Busines	(See instif Gift Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Secti	ructions  Gift  HON, LC Address)  TORSHI Name an  PLC  EREST of Busine  Address	ODDGING  IP, OR  d Addre  No STRAN  STRAN  SS)	G, HOSPIT	ONE, C	Check (See	this b	ook. j	s on p	Add  Add  Add  Add  Addr  ROFIT	If NON	E, che	ck this	Circumston box. When the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	annoes (	includin	ng de Nav. [	this bo	PA.	Value Positi embi	on He	Gift  dd (Lett.)	officer	director.
11 12 13 14	DIRECT Name:  GIFTS Source of TRANS Source (  DIRECT Name:  FINAN Name a  BUSIN Busines	(See institution of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	ructions  Gift  TORSH Name an  Place  EREST of Busine  Address	ODGING  IP, OR d Addres IN ANY ess TRAN ss)	G, HOSPIT	ALITY  ALITY  ENTITY  TO IR	(See	this b	inctions  INESS  FAMILIA	s on p	Add  Add  Add  Dage 2)  ee instr  Addr  PROFIT	If NON  Uctions o  ess:   (See ins	IE, che	ck this	Circumstis box.  NONE, chapage 2)	ances (	includin	No. [	this bo	DX. DOX. DOX. DOX. DOX. DOX. DOX. DOX. D	Value Posti in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man	on He est He	AL US	officer, 55%, 10	director.
11 12 13 14	DIRECT Name:  GIFTS Source of TRANS Source (  DIRECT Name:  FINAN Name a  BUSIN Busines	(See inst (See inst of Gift I Source of SPORTAT Name and CIAL INT nd Address IESS INT Is (Name a	ructions  Gift  TORSH Name an  Place  EREST of Busine  Address	ODGING  IP, OR d Addres IN ANY ess TRAN ss)	G, HOSPIT	ALITY  ALITY  ENTITY  TO IR	(See	this b	inctions  INESS  FAMILIA	s on p	Add  Add  Add  Dage 2)  ee instr  Addr  PROFIT	If NON  Uctions o  ess:   (See ins	IE, che	ck this	Circumstos box. NONE, ch	ances (	includin	No. [	this bo	DX. DOX. DOX. DOX. DOX. DOX. DOX. DOX. D	Value Posti in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man	on He est He	AL US	officer, 55%, 10	director.
11 12 13 14	Name:  DIRECT  Name:  GIFTS Source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the so	(See inst (See inst of Gift I Source of SPORTAT Name and CIAL INT nd Address IESS INT Is (Name a	ructions  Gift  TORSH Name an  Place  EREST of Busine  Address	ODGING  IP, OR d Addres IN ANY ess TRAN ss)	G, HOSPIT	ALITY  ALITY  ENTITY  TO IR	(See	this b	inctions inctions inctions inctions inctions inctions	s on p	Add  Add  Add  Dage 2)  ee instr  Addr  PROFIT	If NON  Uctions o  ess:   (See ins	IE, che	ck this	Circumstis box.  NONE, chapage 2)	neck t	includin	No. [	this bo	OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX. [  OX	Value Posti in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man in the man	on He est He	AL US	officer, 55%, 10	director.
11 12 13 14	DIRECT  Name:  GIFTS Source of TRANS Source (  DEFICE Busine: Name:  FINAN Name a  BUSIN Busines Transfer e undersig the penalti	(See instiff of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	ructions  Gift  HON, LC  Address)  TORSH  Name an  PLC  EREST  of Busine  ERESTS  and Address  and Address  by affirm	OURCE On page ODGING IP, OR d Addres Ness IN ANY ess TRAN ess TRAN ess) ns that	G, HOSPIT	ALITY  ALITY  LENT II  ONE, O  TO III	(See	this b	inctions inctions inctions framilia	s on p	Add  Add  Add  PROFIT  EMBEI  rect to orities)	If NON  Uctions o  ess: W  (See institute best of and the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited in the limited	n page Struction struction	ck this	Circumstins box. When the page 2)  The page 2)  The page 2)  The page 2 is knowled and Employers.	neck t	including the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book of the book	eck	this bo	PA.  DOX. [  Perest He attornship  Left, sai  C.S. §	Value Post interest in 1109(t) 30	on He est He mattion	Gift did (i.e.,	5%, 10	director.

PLEASE PRINT NEATLY	(117) 746 1016 - 1022 17722 1 055 002 002
O1 LAST NAME  GILLEN  VINCE	MI SUFFIX
02  NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS.
APP	
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Chec fit you as a	Check this block if you are amending solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking	TOWARSHID
A ZONING HEARING - EAST NORR	I T O N
BAUDITOR-PAAUDITOR GENER	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, cor	mmission, county, school district, twp, etc.)
A E A S T NORRITON TWP	
BPA AUDITOR GENERAL	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  Of YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	Interest Rate
Name: GM FINANCIAL Address: PO. 180x 18143 Phoenix, AZ 85062	4.9%
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: PA Auditor General  Keller Williams Real Estate  Address: C/3 North St Harrisburg Pa 19  Weller Williams Real Estate  901 Harrist Drive Blue Bell Pa 19	<u> </u>
Keller Williams Real Estate 901 Harrist Drive Blue Bell Pa 19	422
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)	in) of Gift
	Value
Source (Name and Address)	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)	Position-Held (i.e.: officer, director, employes, etc.)
Name: CFG Beal Estate Services Address: 1038 Singer Lu East Norwton 19	1905 Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this to Name and Address of Business	[
CEG Real Estate Services, LLC 1038 Single La East Notation PA 1940  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this	box. Interest Held
Business (Name and Address)	elationship rate Transferred
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and be to the penalties presonable by 18 Pa C.S. §4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Page 1997 (unsworm falsification to authorities).	elief; said affirmation being made subject a.C.S. §1109(b).
Signatur Enter Current Da	•

### STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY SUFFIX MI **FIRST NAME** 01 LAST NAME N T E N () NOTE: 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) Check this block if you C Public Official (Current) D Public Employee (Current) Check this block A Candidate (including write-in) are amending if you are filing an original filing Public Employee (Former) C Public Official (Former)  $\mathsf{D} \sqcup$ Nominee as a solicitor 🔼 hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 2 2 2 2 0 E hold seeking held Α  $\in$ Α 7 Δ 5 2 E 0 F 7  $\mathcal{C}$ 0 12 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.) 0 O  $\circ$ 07 YEAR SEE INSTRUCTIONS. OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: Assessor REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: 05 (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address: Name: 10 graph 20 10 m GIFTS (See instructions on page 2) If NONE, check this box. Value **BN** ift - an egg - w Source of Gift 1/2 Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. X Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) e best of said person's knowledge, information and belief; said affirmation being made subject The undersigned nd the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties pr Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

_																													
01	LA	AST NA	ME									<b></b>	_	7	FI	RST	IAME	,			,			<del></del>		, <u>,                                  </u>	AI_	SUFF	ix .
	G	0	Г	D :	з Т	E	I	N							C	A	R	0	L	I	N	E	_	1		] [	R		
_	L							<u> </u>	4			<u> </u>			•				-										
02																													
- No	TC.	IE VOLI	ADE	INCLUD	ING AT	TACHE	4EN1	rs no	אחד	INCL	UDE A	NYT	HING	THAT	BFAI	RS YO	UR S	OCIAI	LSEC	URIT	Y NUI	VIBER	OR F	INAN	CIAL	ACCC	UNT	NUMI	BERS.
		11 100																								_			
03	\$T	ATUS	Chi	eck appli	cable bl	ack or	block	ks, mo	_																	Ш		ck thi	
		ΑЦ		didate (ir	cluding	write-i	n)	C		ublic (				_	_	Public	,				Е	if	you a	this b ire filii	ng		are	amen	
		В []	Nom	inee				С	<u></u>	ublic	Officia	l (For	mer)	D	<u> </u>	Public	: Empl	oyee	(Form			а	s a sc	licitor	·			, igini	
04	PU	BLIC F	OSIT	ION OR	PUBLIC	OFF	CE (a	admin	istrato	r, men	nber, (	Comn	nission	er, job	title,	etc.)	5	eekin	g	1		hold		<u> </u>	held	<del></del>		ī	1 1
A	Α	s	S	I	T	A	N	T		D	I	S	Т	R	I	C	Т		Α	Т	Т	0	R	Ν	E	Y	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·		••													s	eekin	g			hold			held				
в			П																					<u> </u>					
_ [		<u></u>				1		<u> </u>		<u> </u>	اــــــــــــــــــــــــــــــــــ					L								<u> </u>	L	L			
05	GC	VERN	VENT	AL ENTI	l <b>Y</b> in wh	ich you	are/v	vere ar	n Offici	al, Em	oloyee,	, Cano	didate	or Nom	inee (	e.g., d	ept, aç	jency,	autho	rity, bo	rough	board	comr	nissio	n, cour	ty, sch	nool di	istrict,	twp, etc.)
A	M	0	N	ТС	0	М	E	R	Y		Ç	0	U	N	Т	Y													
į		1				<u></u>		T				i								·	1	1			1		Γ	<u> </u>	
В							L				<u> </u>		<u> </u>	<u> </u>		<u></u>	<u> </u>	<u> </u>	<u></u>		<u> </u>	<u> </u>			<u></u>	<u> </u>		]	<u>]                                    </u>
06	00	CCUPA	TION	OR PRO	FESSI	ON (Tr	nis ma	ay be	the sa	me as	block	4)			07 1	/EAR	SEI	E INS	TRUC	TION	S.								
Δ	2	ieta	ant	Dis	tric	ŧΑ	ttc	rn	ev							Inform						nts ed here	.	2	0	1	7		
															,,,,,			, 1110	Calcin	- Ju. yo	ui 1151			L					
08	RE	EAL ES	TATE	INTER	STS (S	ee ins	tructio	ons or	page	2) I	f NON	iE, ch	ieck ti	nis bo	x, <u> </u>														
09	ÇF	REDITO	)RS (8	See instr	untions																								
					uctions	on pag	je 2).	Credi	tor (Na	ame ai	nd Add	dress	) If P	IONE,	chec	k this	box.								Into	P	ta		
	Ņar	me:			uctions	on pag	je 2).	Credi	tor (Na	ame a	nd Add	dress	•	IONE,	chec	k this	box.								Inter	est Ra	te		
	Ņar	me:			uctions	on pag	je 2).	Credi	tor (Na	ame a	nd Add	dress —	•	-	chec	k this	box.							_	Inter	est Ra	te		
10			OR INT	RECT S								_	<u>Add</u>	iress:					on pg.	2) ON	ILY IF	NONE is blo	, , ck. [			FICT	g Us	SE ON	
10	DIF	RECT C		RECT S	OURCE	S OF	INCO	ME in	cluding	j (but r	not limi	ited to	Add	iress: nployn					on pg.	2) ON ch	ILY IF eck th	NONE	;, ck. [			FICT	3_ US	SE ON	
10	DIF	RECT C			OURCE	S OF	INCO	ME in	cluding	j (but r	not limi	ited to	Add	iress: nployn	nent.	(See in	nstruct	ions o		Çn	eck ti	iis dio	; ck. [			FIGURE 1	US D	33 T +	
10	DIF	RECT C	ontge	omery	Cour	es of i	inco	ME ind	cluding	j (but r ey's !	oot limi	ited to	Add	iress: nployn	nent.	(See in	nstruct	ions o		Çn	eck ti	iis dio	;,ck. [		(0)	FICE	US D	33 T	Tearns of
10	DIF	RECT C	ontge See in	RECT S	Cour	es of i	inco	ME ind	cluding	j (but r ey's !	oot limi	ited to	Add	iress: nployn	nent.	(See in	nstruct	ions o		Çn	eck ti	iis dio	ck. [		(OI	FIGURE 1	D US		THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
	DIF	RECT C	ontge See in	omery	Cour	es of i	inco	ME ind	cluding	j (but r ey's !	oot limi	ited to	Add	iress: nployn	nent.	(See in	nstruct	ions o		Çn	eck ti	iis dio	ck. [		(OI	FIGURE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	D US		Terrate (1)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)  (in 100)
	DIF Nar GI So	RECT Comme. Mc	ontge See in	DIRECT S	Cour	es of i	inco	ME ind	cluding	j (but r ey's !	oot limi	ited to	Add	iress: nployn	nent.	(See in	nstruct	ions o	vn, F	PA 1	9404	4	GK. [	Í	(OI		US Solution		Temporal Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contr
	DIF Nar GI So	me. Mo	See in Gift	OMERY Struction	Cour	es OF	istric	ME indict At	check	y (but r	Offic	ited to	Add ) all er	mployn dress: O Bo	nent.	(See ii	Norri	stov	vn, F	PA 1	9404	iis dio	GK. [	of Gifts	(OI	FICTOR CALL	US Solution		Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
	DIFF Nar GI So	RECT Come. Mc	See in Gift	of Gift	Cour s on pa	es OF	istric	ME indict At	check	y (but r	Offic	ited to	Add ) all er	mployn dress: O Bo	nent.	(See ii	Norri	stov	vn, F	PA 1	9404	4	GK. [	of Gifts	(OI		US Solution		Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
11	DIFF Nar GI So	RECT Come. Mc	See in Gift	OMERY Struction	Cour s on pa	es OF	istric	ME indict At	check	y (but r	Offic	ited to	Add ) all er	mployn dress: O Bo	nent.	(See ii	Norri	stov	vn, F	PA 1	9404	4	GK. [	of Gifts	(OI		US Solution		Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
11	DIFF Name of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of	RECT C	See in Gift Source PORTA	Struction of Gift ATION, L	COURCE S on pa	ge 2)	If No	ME indict At	check	this t	Offic	s on p	Add	mployn  dress:  O Bo	oox 3	11, I	Norri	Circus box.	vn, F	PA 1	9404	4	GK. [	of Gifts	(Of	FFICE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	US		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11	DIFF Nar  GI So  Addd	RECT Come. MC	See in Gift Source PORTA	of Gift	COURCE COUR s on pa	ge 2)	If No	ME indict At	check	this t	Offic	s on p	Add	mployn dress: O Bo	oox 3	11, I	Norri	Circus box.	vn, F	PA 1	9404	4	GK. [	of Gifts	Value	FFICE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	US O		Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
111	DIFF Nam GI So Addi	IFTS (Source of Courses of SeanSpource (No. 1997)	See in Gift Source PORTA	Struction of Gift ATION, L d Address	COURCE COUR s on pa	ge 2)	If No	ME indict At	check	this t	Offic	s on p	Add	mployn dress: O Bo	oox 3	11, I	Norri	Circus box.	vn, F	PA 1	9404	4	GK. [	of Gifts	Value	ue est	US O		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11 12 13	DIFF Nam GI So Addd TF So OI Bu	RECT Comme. MC	DONTE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	struction of Gift ATION, L d Address ( (Name &	ODGIN	ES OF Inty D	If No	ME in the ct At	check	this t	Offic	s on p	Add	mployn dress O Bo	ONE ONE	11, I	Norri	Stov	umstar	PA 1	9404	descri	ption)	of Gifa	Value Positis emplo	on Helpyee, e	O US	officer	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
111	Olf Name of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of Society of	IFTS (Source of Courses of Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (National Seranspource (Nati	See int	Struction of Gift ATION, L d Address	SOURCE COUT s on pa ODGIN s)	ES OF Inty D	If No	ME in the ct At	check	this t	Offic	s on p	Add	mployn dress O Bo	ONE ONE	11, I	Norri	Stov	umstar	PA 1	9404	descri	ption)	of Gifa	Value Positis emplo	on Helpyee, e	O US	officer	director.
11 12 13	Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Olf So Ol	IFTS (Source of Course of Seans)  FFICE, usinessame:	ORTA  DIRE E Entity  Addre	struction of Gift ATION, L d Address ( Name a	COURCE COURCE s on pa ODGIN S)	ge 2)  G, HO  EMPL  EMPL  Y LEG	IF NO	ALITY	check ( (See	this t	Offic	s (So	Add P	mployn mployn dress. O Bo	ONE GONE	(See in	Norri	Stov  Circu  NONI	umstar	PA 1	9404	4	s box	of Gift	Value Positi emplo	on Helpyee, e	O US	officer	director.
11 12 13	Oll Name Addition Name Addition Name Name Name Name Name Name Name Name	IFTS (Source of Courses of Seans)  FFICE, usiness  IMANCI ame and	DONTES SOURCE DIRECTORY AND ADDRESS IN	of Gift  ATION, L  CTORSI  (Name a	ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN	ge 2)  G, HO  EMPL  EMPL  Y LEG	IF NO	ALITY	check ( (See	this t	Offic	s (So	Add P	mployn mployn dress. O Bo	ONE GONE	(See in	Norri	Stov  Circu  NONI	umstar	PA 1	9404	4	s box	of Gift	Value Positi emplo	on Helpyee, e	O US	officer	director.
11 12 13 14 15	Oli So	IFTS (Source of Courses of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of	DIRECTORY Address SS INN (Name	struction of Gift ATION, L d Addres (Name & TERES se of Busin	ODGIN  ODGIN  HIP, OR and Address  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN	ES OF Inty D  G, HO  EMPL Y LEG	If No	ME indict At	check  ( (See	this t	Offic  Oox. [  Justions  Justions  ESS F	s on p	Add P P Add ROFI	mployn dress: O Bo	NONE instruction	(See in	Norri	Circu box.	umstar E, che	PA 1	9404	4	s box	x. sst Heli	Value Positive emplo	on Held	d (i.e.,	officer	director.
11 12 13 14 15	Oli So	IFTS (Source of Courses of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of	DIRECTORY Address SS INN (Name	struction of Gift ATION, L d Addres (Name & TERES se of Busin	ODGIN  ODGIN  HIP, OR and Address  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN	ES OF Inty D  G, HO  EMPL Y LEG	If No	ME indict At	check  ( (See	this t	Offic Oox. [  Lections  Lections  FAMIL	s on p	Add P P Add ROFI	mploym dress:  O Bo  If N  R (See	HONE as instru	(See in	Norri	Circions consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the cons	umstar  E, che	PA 1  Conces (irrection of NONI  Finance info	9404	describer the second and are second and are second and are second and are second and are second are second and are second are second and are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are second are se	s box	x. sat Heldings strength	Value Positi emplo	on Hele	d (i.e.,	officer	director.
11 12 13 14 Th	Addd TF So OI Bu Na FI Na B B G U Tr e unce	IFTS (Source of Courses of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of Series of	DIRECTOR ON TARACTER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	struction of Gift ATION, L d Address TERES as of Busi TEREST and Addre	ODGIN  ODGIN  HIP, OR and Address  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN  TIN AN	ES OF Inty D  G, HO  EMPL Y LEG	If No	ME indict At	check  ( (See	this t	Offic Oox. [  Lections  Lections  FAMIL	s on p	Add P P Add ROFI	mploym dress:  O Bo  If N  R (See	HONE as instru	(See in	Norri	Circions consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the cons	umstar  E, che	PA 1  Conces (irrection of NONI  Finance info	9404	4	s box	x. sat Heldings strength	Value Positi emplo	on Hele	d (i.e.,	officer	director.
111 12 13 14	Addd TF So OI Bu Na FI Na B B G U Tr e unce	IFTS (Source of Courses of Source (Name : IVSINE: usiness (IVSINE: usiness	DIRECTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	struction of Gift ATION, L d Address of Business of Business and Address teres and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address	ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN ODGIN	G, HO  EMPL  Y LEG	IF NO SPIT	ALITY ENT I	Cluding torne Check	y BUS	Offic Offic Use and Use and Use and	s on p	Add Add Add Add Add Add Add Add Add Add	mployn  dress:  O Bo  If N  Fruction  R (See	ONE GONE	(See in 11, I) 11, Check truction truction said public C	Norri	Circles box.  NONI  page 2  page 2	wn, F	PA 1  NONI  F NON  In inference E	9404	g described to the control on another, 65 urrent	s box	x. sat Heliconships.	Value Positive employed do de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la difference de la differe	on Held	d (i.e.,	officer 5%, 10	director.

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME MI SUFFIX
	GOMES-WILLIAMS ARIELLE A
MC	THE 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 block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending as a solicitor block If you are filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	DISEASE INTERVENTION SPECIALIS
i.	seeking hold held
В	Jeening Tion I light
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 [	
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
D	ISEASE INTERVENTION SPECIALIST Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
10	check this block,
	MONTGOMERY (DUNTY HEALTH AND HUMAN PA 19404
11	CIETS (See instructions on page 2) If NONE check this hay
***	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  Value
Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
. •	Business Entity (Name and Address) employee, etc.)
14	Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
17	Name and Address of Business
	A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held Relationship
The	Transferee (Name and Address)  Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject
	e penalties pr
	Signa Enter Current Date 4-30-2018
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX
	Goodwin Kristi E
02	
NC	OTE: 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor block if you are filling an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking
A	Community Health Facillitator
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.)
· [	Montgumery County
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
G	munuly Health Facultator disclosure for the calendar year listed here. 2 0 17
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name Montagomery County Address 1430 Dekallo St
	Northstown Pa 19404
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
**	
Ĺ	Address of Source of Gift Circumstances (including description) of Gift 1
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. Position Held (i.e., officer, director, employee, etc.)
	Name: Address:
14	Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. If NONE, check this box. If NONE, check this box. 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. Interest Held (i.e., 5%, 10%, etc.)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held (i.e., 5%, 10%, etc.)
15	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Date Transferred
15 The	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Business Interest Transferred to Immediate Family Member (See instructions on page 2)  Business (Name and Address)  If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

PLEASE PRI	INT NEATLY	
GOTONNI	BIZIAN	MI SUFFIX
12		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
STATUS Check applicable black or blocks, more than one block may be marked ( A Candidate (notwring write-in) C Public Official (Current) D B Nominoo C Public Official (Former) D	Public Employee (Current) E . Check this	filing are arrived and
PUBLIC POSITION OR PUBLIC OFFICE (administrator member, Commissioner, jul	bille, etc.) seeking hold	held
TOWNSHIP COMMIS	i and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	held
OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Canditiate or Nor		
LOWER MERION TO	WNS HIP	
OCCUPATION OR PROFESSION (This may be the same as block 4)  Aftervey   Law yer	YEAR SEE INSTRUCTIONS.     Information in Blocks 8 -15 represents disclosure for the calendar year listed here.	0 / 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	x. []	
NONE		
CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, Name SEE ATTO CHED SHEET, Address	101111111111111111111111111111111111111	interest Rate
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name. SEE ATTRICTICS) SATEST. Address.	ment (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift	Circumstances (-including description) of U	Value of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If P Source (Name and Address)	NONE, check this box. 🎇	Value OSE
AS CREATE ORDER TOROUGH OF EMPLOYMENT IN ANY RUSINESS (See Profraction	ps on page 2) If NONE, check this box.	Position Held (i.e.) officer, director.
Business Entity (Name and Address)	ns on page 2) If NONE, check this bax.	Position Held (Leg glidge, director, ampliayee etc.)
Business Entity (Name and Address)  Name  SEC ATTACHTED STEET Address  13 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Ser. Name and Address of Business		employee alc
Business Entity (Name and Address)  Name SEE A HACHIED SHEET. Address  13 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Ser	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box.  linkeres! Resition	Interest Held (i.a., 555, 10%, atc.)
Business Entity (Name and Address)  Name SEE AFFACHIED STEET Address  1.1 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address)  SEE AFFACHED SHEET  1.5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))  Transferred (Name and Address)  Transferred (Name and Address)	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box.  interest Reation Date In- part of said parison's knowledge, information and belief,	interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name SEE AFFACHIED STEET Address  1.1 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business SEE AFFACHED SHEET.  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))  Transferred (Name and Address)	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box.  interest Resiston Date for	interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)

#### Continuation Sheet Statement of Financial Interest 2017

#### Gordon, Brian A.

#### Ouestion Number:

- Creditors:
- A. United Mileage Plus, Chase Card Services, P.O. Box 15153, Wilmington DE 19866 (14.74%)
- B. American Advantage Master Card, Card Services P.O. Box 8802, Wilmington DE 19899 (0%)
- C. Firstrust Card, First National Bank Omaha, P.O. Box 2818 Omaha NE 68103-2818 (12.36%)
- D. Firstrust Bank, 1 Walnut Grove Drive, Horsham, PA 19044- 9872 (Personal) (4.25%)
- E. Firstrust Bank, I Walnut Grove Drive, Horsham, PA 19044- 9872 (Business) (4.25%)
- 10. Direct or Indirect Sources of Income:
  - Gordon & Ashworth, P.C., Attorney, One Belmont Ave., Suite 519, Bala Cynwyd, PA 19004
  - Township Commissioner, Lower Merion Township., 75 East Lancaster Ave., Ardmore PA 19003
  - Partner, Kates-Gordon Partnership, 1007 Melrose Ave, Elkins Park, PA 19027
  - Solicitor to the Coroner, Office of the Coroner of Montgomery County 1430 DeKalb Street, Norristown. PA 19404.
- 13. Office, Directorship or Employment in Any Business:
  - Gordon & Ashworth, P.C., Attorney. One Belmont Ave., Suite 519, Bala Cynwyd, PA 19004
  - Kates-Gordon Partnership, 1007 Melrose Ave, Elkins Park, PA 19027, Partner
  - Township Commissioner, Lower Merion Township., 75 East Lancaster Ave., Ardmore PA 19003
  - Solicitor to the Coroner, Office of the Coroner of Montgomery County 1430 DeKalb Street, Norristown, PA 19404.
  - Director, Concerned Citizens for Democracy, 1 Belmont Ave., Ste 519, Bala Cynwyd, PA 19004.

#### 14. Financial Interest in Any Legal Entity in Business for Profit

- Gordon & Ashworth, P.C., Attorney, One Belmont Ave., Suite 519, Bala Cynwyd, PA 19004 (100% Interest)
- Kates-Gordon Partnership, 1007 Melrose Ave, Elkins Park, PA 19027, Partner (50% Interest)

The undersigned hereby affirms the forgoing information is true and correct to the best of my knowledge information and belief and is made subject to the penaltics prescribes by 18 Pa. C.S. § 4904 relating to un-sworn falsification to authorities and the Public Official and Employee Ethics Act 65 Pa. C.S. §1109(b).

Date: 4-30-/8

#### STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

LAST NAME 01 FIRST NAME **SUFFIX** ΜI GORDON MICHAEL STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Public Official (Current) D Last Public Employee (Current) Candidate (including write-in) Check this block if you are filing are amending D Public Employee (Former) an original filing В C. Public Official (Former) Nominee as a soticitor hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seekina CHIEF ADULT hold seekina В 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.) MONTGOMER 07 YEAR SEE INSTRUCTIONS 06 OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 0 / disclosure for the calendar year listed here: TE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, COFFICIAL check this block. Name GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (i.e., officer, director OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box. employee, etc.) Address Name Interest Held (r.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Date Transferred The undersign person's knowledge, information and belief; said affirmation beigg made subject Official and Employee Ethics Act, 65 Pa.C.S. §1109(b to the penalti Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

	OMMONWEALTH OF PENNSYLVANI SEC-1 REV. 01/18			SYLVANIA STATE ETHICS COMMISSIO 7) 783-1610 • TOLL FREE 1-800-932-093
· _	AST NAME		TO H N	MI SUFFIX
NOTE	E: IF YOU ARE INCLUDING ATTACHMENTS	, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
3 \$	Check applicable block or blocks  A Candidate (including write-in)  B Nominee	, , , , , , , , , , , , , , , , , , , ,	. (See instructions on page 2)  D  Public Employee (Current) E	filing are amending
4 F	PUBLIC POSITION OR PUBLIC OFFICE (ac	lministrator, member, Commissioner, j	ob title, etc.) seeking A hold	held
1	15515TAN	TDA		
<b>L</b>		Commence with a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	seeking hold	held
3				
5	GOVERNMENTAL ENTITY in which you are/we	re an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, board, commis-	sion, county, school district, twp. etc.)
I	MONTGOME	R Y C O U N	TY	
3				
	OCCUPATION OR PROFESSION (This may  ADA  REAL ESTATE INTERESTS (See instruction		07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 7
	CREDITORS (See instructions on page 2). C	Creditor (Name and Address) If NON Address	IE, check this box.	Interest Rate
	DIRECT OR INDIRECT SOURCES OF INCOM	Address	byment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift	NE, check this box.	Circumstances (including description) of the	yglue of Gift.
			If NONE, check this box.	Value
12	Source (Name and Address)	ALITY (See instructions on page 2)	in NONE, Crieck this box.	
13	Source (Name and Address)		tions on page 2) If NONE, check this box.	-

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 P to the penalties prescribed by 18 P

26 Enter Current Date _ Signature _ VE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

01	LAST NAME  FIRST NAME  MI SUFFIX  SHANE  SHANE
02	
	DTE: 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)  Check this
03	A Condidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	OPEN SPACE PLANMER
ŀ	seeking hold held
в	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Norninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Α	MONTGOMERY COUNTY
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	OPET SPACE PLANITIES Information in Blocks 8 -15 represents disclosure for the calendar year listed here. 2 0 1 8
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	· · · · · · · · · · · · · · · · · · ·
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: NET (STUDENT LOAN) Address:
	6.590
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name: TEMPLE (MINGREST / Address: PHIVADECPHII, PA
	Name:   FMPUE (MINGES)   Address:   FITTADECIPALI,   P
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
	Source of Gift
	Address of Source of Gift  Circumstances (including description) of Gift
_	<u> </u>
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.  Position Held (i.e., officer. director, employee, etc.)
_	Name: Address: If NONE check this box Synterest Held (i.e., 5%, 10%, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Interest Hold Relationship
_	Transferee (Name and Address)  Date Transferred  Le undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person's knowledge, information and belief; said affirmation being made subject to the best of said person and the best of said person affirmation and belief; said affirmation being made subject to the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation and the best of said person affirmation an
	the penalties prescribed that the foregoing information is true and correct to the best of said persons knowledge, information and belief, and the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the penalties prescribed the
	Signature Enter Current Date 4/30/20(8
	THIS FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P

PLEASE PRINT NEATLY
O1 LAST NAME  GUTTENPLAN  PATTLE  MI SUFFIX  PATTLE
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor  Check this block if you are amending as a solicitor  Check this block if you are amending as a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A TRUSTEE   seeking   M hold   held
B S E C T I O N C H I E F
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.)
A SOUDERTON CHARTER SCHOOL COLL.
BMONTGOMERY COUNTY PLANHING COM.
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
LANDSCAPE APCHITECT / LANNER   disclosure for the calendar year listed here:   Z   V   I
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
OP CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: DISCOVER  Address: PO. Box 30943  SAULALEUM, UT 84130
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, BERGMANN ASSOCIATES: 200 BROAD ST. POCHESTER NY check this block.  MONTGOMER! COUNTY: 425 SMEEDEST. NORPISTOWN, PA  THIMMNUEL CHURCH OF NAZARENE: 1240 WELSH PD: LANSONER B
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)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  SOURCE OF Address: 110 E. BROAD ST. SOURCE ADDRESS. POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOURCE POSITION PARTIES OF ADDRESS. 110 E. BROAD ST. SOU
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
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 here  Date Transferred  owledge, information belief, said affirmation being made subject
to the penalties presc  Employee Ethics Act, 65 Pa.C.S. §1109(b).
THIS FORM IS CONSIDERED DÉFICIENT IF ANY BLOCK ABOVE IS NOT COMPLÉTED. MAKE A COPY FOR YOUR RECORDS.

## **STATEMENT OF FINANCIAL INTERESTS**

PLEASE PRINT NEATLY
01 LAST NAME FIRST NAME MI SUFFIX
GUZY JEFFREY D
02 AD
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
ATRANSPORTATION AUTHORITY
seeking hold held
BMEMBER
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 WONTGOMERY COUNTY
BTRANSPORTATION AUTHORITY
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 / E
•
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box.
Name: Address: Address:
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)
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
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 (Name and Address)  Position Hold (i.e., officer, director, employee, etc.)
Name: GVF Transportation Address: Knof Prosida Presidant
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
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 the foregoing infermation is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed
Signature 4/10/10/10
Signature Enter Current Date Enter Current Date ETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

D1 LAST NAME MI SUFF	IX
Jores J.	
Dhono	
02	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER	SEKS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	5
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing	ding
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original	al filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	<del></del> 1
1 B 2 5 3 D 2 2 + 3 2 1 4 5 5 2 5 5 00 F	
seeking hold held	
В	
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,	iwp, etc.)
A B D 0 F A 55 C 5 5 M en 7 T 5	
B	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  107 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents  12 0 1 8	
disclosure for the calendar year listed here: 2 0 1 8	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. [ Interest Rate	
OPERITORS (See instructions on page 2). Creditor (Name and Address)  Name: KANALY Andrew Francisco Address: P.O. Book 57012  Hattisburg PA 1710b  OPERITOR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2). ONLY IF NONE, check this block.	NLY)
Name: Party I various State Emplyices Address: TO BOX 67012  Ctolly Unon Hattsbury, PA 1710b  (OFFICIAL USE ON	ILY)
Name: RAYS-IV-19-18- Starts Employees Address: T.O. Box 67015  Hattsburg . PA 1710b  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:	NLY)
Name: Turby Variable Starphysis Address: 10. 200 x b 7014  Hattibury PA 1710b  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:  Address: Value prolift	NLY)
Name: RANGE Sources of Income including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Address:  Address:  Address:  Address:  Address:	ILY)
Name: Name: Name: Name: Address: 12. So X D 7014  Heattiburg: PA 1710b  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name: Address:  OFFICIAL USE ON  Value of Gift  Address of Source of Gift  Circumstances (including description) of Gift	ILY)
Address: T.2. So X D / OLD  CAULT UNDO Hattiburg PA 1710b  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:  Address:  OFFICIAL USE ON  Value of Gift  Circumstances (including description) of Gift  Circumstances (including description) of Gift	ILY)
Address: T.2. So X D / OLD  CAULT UNDO Hattiburg PA   110b  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:  Address:  Value of Gift  Circumstances (including description) of Gift  Circumstances (including description) of Gift	
Name: RAW   Various State Employees   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address	
Address: 12 Explorer Survey Address: 12 Explorer Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Su	, director,
Name Address: 1.2 So x 5 7 0 1 1 1 2 1 2 1 2 2 1 2 3 2 1 2 3 2 1 2 3 2 3	r, director,
Name:   CAUCH   Vands   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Address   Ad	r, director,
Name: Address: 1.2 180	r, director,
Name:  Address: 7.2	r, director.
Name: Name Individual Source of Gift	r, director.
Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 Address: 1.2 ONLY IF NONE, check this block. 2.2 Address: 1.2 Circumstances (including description) of Gift. 2.2 Address: 1.2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 2 Address: 1.2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 3 Position Hold (i.e., office ontpoyable) Name: 1.2 Address: 1.3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 3 Interest Held (i.e., 5%, 1 Name and Address of Business Entity (Name and Address) Relationship Date Transfered (Name and Address) Relationship Date Transfered (Name and Address) Relationship Date Transfered (Name and Address) Relationship Date Transfered (Name and Address) Relationship Date Transfered (Name and Address) Relationship Date Transfered (Name and Address)	r, director.

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 AST NAME FIRST NAME SUFFIX MI NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT ÍNCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block are amending if you are filing as a solicitor D Public Employee (Former) Nominee С Public Official (Former) an original filing 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold seeking hold 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.) В OCCUPATION OR PROFESSION (This may be the same as block₁4) 06 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 2 disclosure for the calendar year listed here If NONE, check this box. REAL ESTATE INTERESTS (See instructions on page 2) CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box, Interest Rate Name Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) Name D. BRUCE HANES ESD. GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift Address of Source of Giff Circumstances (including description) of Gift, TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Position Held (i.e., officer, director, If NONE, check this box. employee, etc.) Business Entity (Name and Address) OWNER FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONÉ, check this box. Name and Address of Business SOLE OWNER 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

to the penalties pi

Signa THIS to the best of said person's knowledge, information and belief; said affirmation being made subject

**Enter Current Date** 

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

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

	A SEC-1 RE			ISYLVA	NI		S	TAT	EN	IEN					ICIA NEAT		INT	EF	RES	TS		F						OMMISS 800-932-0
01	LAST N	AME												F	IRST	NAM	E									MI	SUFF	=IX
[	Ha	(	< i	5										V	'e			<u> </u>		ï	ے ا							
02																												
NO	TE: IF YOU	JARE	NCLUDI	NG AT	TACHI	MENT	s, do	NOT I	NCLL	JDE A	ANYT	HING	THAT	BEA	RS YO	OUR S	SOCI	AL S	ECUF	RITY N	UMBE	R OR	FINA	NCIAL	. ACCC	DUNT	NUMI	BERS.
03	STATUS	Che	ck applic	able bl	ock or	block	s, moi	re than	one t	olock	may l	be ma		-													ck thi	
	в	Cand   Nomi	idate (ind	cluding	write-i	in)	c l		ıblic C ₃blic C		•		<u>م</u>	Ė	Public							if you	k this are f solicit			are	amen	
04	PUBLIC	POSITI	ON OR F	UBLIC	OFF	ICE (a	dmini	т т	· · · · · · · · · · · · · · · · · · ·	ber, (	Comn	nissio I	ner, jo	b title	e, etc.)		seek	ing	_	<b>X</b>	hold	T.		held	T ···		1	Т 1
A [	Re	<u></u>	<u>y c</u>	1	ì	<b>n</b>	9		M	a	$\mathbf{U}$	a	9	<u>e</u>				<u> </u>										
			1	Т	T : 1	· 			Т		<u> </u>	T	I	ſ	1		seeki	ing	1		hold	1		held			-	
в [												<u> </u>	<u> </u>		<u> </u>	<u></u>	<u></u>					<u></u>		Į.				
05 厂	GOVERN	MENTA	L ENTIT	<b>Y</b> in whi	ich you			Official	l, Emp	loyee	, Cano	didate	or Nor	ninee	(e.g., c	lept, a	gency	, aut	hority,	boroug	h, boar	d, cor	nmissi	on, cou	inty, scl	hool di	strict, 1	lwp, etc.)
^ [	$C_{6}$	<u> </u>	<u>1</u>	1		0	£ ]	1	Μ	0	~	1	19	0	M	e			<u> </u>	<u>                                      </u>	H	1				<u> </u>	l	
в															<u> </u>													
06	OCCUPA	TION	OR PRO	FESSI	T) NC	nis ma	y be t	he sam	e as	block	4)			07	YEAR				UCTIO					1				
	Hecy	chi	79	M	cr	100	ોલ													repres year lis	ents sted he	re:	2	0		7		
09	CREDITO			ctions of				or (Nar		_	dress	Ade	dress	Si	ck this	C	H			<i>У</i> Ь	00	ke ( ve 310	- 		rest Ra		90	
10	DIRECT	OR INDI	RECT SC	URCE	S OF	NCON	1E inc	luding (	but no	ot limi	ted to	) all e	mployi	nent.	(See i	nstruc	ctions	on p			F NON		П	(C	FFICIA	AL US	E ON	LY)
	Name: (	ar	44	of	人	lan	45	on	24			Ad	dress:	Mu	Ac	0 (	Ca	X	ho	se_	PB 40	<u>۱</u>			2016		Balling profit	in the second
									<u> </u>				<u>/o&lt;</u>	Y_1	640	<b>ىد</b>	<u>^                                    </u>	<u> </u>	A	.19	40	<u>u</u>	33		===		1 (de 250) 1 (de 250)	<u>.</u>
11	GIFTS (S		tructions	on pag	je 2)	If NO	NE, c	heck t	his bo	эх. [	X											-	ġŚ Ż	) TTIVE	lue <b>d</b> f C	Sift	40	:
																												e e
	Address of S	Source o	f Gift														Cire	cumsi	tances	(includi	ng desc		) of Gil		ä		Total	1
12	TRANSP Source (Na			DGIN	G, HO	SPITA	LITY	(See i	nstruc	tions	on p	age 2	) <b>If 1</b>	IONE	E, chec	k thi	s box	i. [X	7				b	Value	7		Colonia (Colonia (Colonia	1.
[																												
13	OFFICE, Business					OYME	NT IN	N ANY	BUSI	NESS	S (Se	ee inst	ructio	ns on	page	2) If	NON	IE, c	heck	this bo	эх. 🗶	]			ion Held oyee, e		officer,	director,
	Name:		·								_	Add												<u> </u>		1.41	:0/ 40/	0/
14	FINANCI Name and				/ LEG	AL EN	ITITY	IN BU	SINES	3S F(	OR PI	ROFII	r (Se	e insti	ruction	s on I	page	2)	If NO	NE, ch	eck th	is bo	·х. [ <b>ў</b>	Inter	est merc	1 (I.E., C	7%, 1U	%, etc.)
15	BUSINES Business (				SFER	RED 1	O IM	IMEDIA	TE F	AMIL	Y ME	MBE	R (Se	e ins	tructio	ns on	page	2)	If NO	ONE, c	heck t	Inte	ox. Trest He	eld				
<del></del>	Transferee	(Name	and Addre	ess)	he for	enoine	Linfor	mation	is tru-	e and	Lorr	ect to	the be	st of	said n	erson	's knz	)W er	dae ir	forme	tion an	Date	e Trans	ferred	nation	beina	made	subjec
	e penalties		uy anırm	ร แ1สเ 1	ale lof	egoing	ппоп	manon	is tidi	o and		es	and t	he Pi	ublic O	fficial	and	Emp	loyee	Ethics	Act, 65	Pa.0	D.S. }	1109(E	).		_	. 222,00
		gnatu ure so	ORM IS	CONS	SIDE	en r	FEIO	CIENT	ΙFΑ	NY F	3LOC	CK A	BOVE	is is	NOT (	ОМ	PLE'	TED			COP			1-2 UR R			<u>ა</u>	

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX
	Hawkins   Taylor   m
02	AC
NC.	TE:
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	Disease Intervention Specialis
ŧ.	
ĩ	
3	
75	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.)
4 [	
Ĺ	
в	
i	
96 	OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8-15 represents  2 0 1 7
L	histase in-Herverimori specialist (DIS) Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 7
38	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
9	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: (TRAT LAKES Educational Address: 2401 International Ln.)  Loan Services Madison, W1 53704
0	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Montgomery County 12.0. Ax 311 Nocarstann, PA 1 & check this block.
	Name: PTICCUIPTICA KOCK Address: OL 1 CTUITSICA (TYCK)
	Cym - Myncote Myncote, PA 19095 1
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Gift
Γ	
L.	Address of Source of Gift    Circumstances (including description) of Gift
	Adultas of Source of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Office of Offic
2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)
Γ	Source (Name and Address)
L	OFFICE DIRECTORSHIP OF EMDLOYMENT IN ANY RUSINESS (See instructions on page 2) If NONE chack this box
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box.  Business Entity (Name and Address)  Position Held (i.e., officer, director, employee, etc.)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Business (Name and Address) Interes/Held Refetionship Date Transferred  Transferred (Name and Address)
The	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject
to th	e penalties prescribed by 18 Pa C.S. \$4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
	Signature Enter Current Date 4770 18
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y S MI A Y	SUFFIX
02	
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) E Check this block if you are filing	ck this k if you amending riginal filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A	
L seeking L 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 dis	strict, twp, etc.)
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR The information in blocks 8 through 15 below represents financiate the PRIOR calendar year indicated:  2 0 1 7	al interests for
O  CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address:  Address:	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OF CIAL US	E'ONLY)
Name: Address:	
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Cit	11
Source of Gift	
Address of Source of Gift Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	
Source (Name and Address)	
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Position Held	
Name: Address: Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held	
W KNOWE should this how	
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Transferred (Name and Address)  Date Transferred	
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being to the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties penalties prescribed by the penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalti	made subject
Signature Enter Current Date	

## Employment/Income - 2017

- 1) Whole Foods Market Wayne, PA
- 2) Friends of Joe Ciresi 4011 Ashbrook Drive Royarsford, PA 19468
- 3) Mantgamery County Intermediate Unit 2 W. Lafayette St. Norristown, PA 19401
- 4) JPM Catering & Events LLC 8 E. Lancaster Ave Ardmore, PA 19003



2018 MAR -2 PM 1:36

OFFICE OF MONTG. CO. DES

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

Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Ave Code Prime  Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code Prime  Sign Zip Code	01	LAST NAME	FIRST NAME	MI SUFFIX
NOTE: IF YOU ARE INCLIDING ATTACHBERTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS  STATUS Check splicable dock or blocks. more that one block risp be marked. (See instructions or page 2)  A Canadiditic (including writer)  C Public Official (Carriert)  D Public Employee (Courset)  D Public Employee (Courset)  D Public Employee (Courset)  D Public Employee (Courset)  D Public Employee (Courset)  E Check this labor. Which should block if you are averaging in a register litting in a second risp in a register litting in a second risp in a register litting in a second risp in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register litting in a register		HENNIGAN	KATHLEEN	
STATUS Check application block or blocks, more than one block may be marked. (See instructions on page 2) Examination on page 2) Public Graphyses (Commit)  A Candidate (more committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the committed on the co	_	City	State Zip Code	Area Code Phone
A CANDIDURE (Including withor) C Public Collectic (Current) D Public Employee (Current) System in block of your many and collection of public Employee (Former) D Public Employee (Former) System in the block of your many and an authority of the public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (Former) D Public Employee (For	NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINAN	NCIAL ACCOUNT NUMBERS.
GOVERNMENTAL ENTITY in which you are war an Official, Employee, Candidate or Nominee (in.g. dept., authority, borusph, coace. Commission, county, socied dated, two, uto)	03	A Candidate (including write-in) C Public Official (Current)	Public Employee (Current) E Check this if you are file	block if you lock are amending
Secretary States and Sources of Direct Currons 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.   Address of Source of Cif.   14   TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.   Address of Source of Cif.   15   DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   Address of Source of Cif.   15   DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   Address of Source of Cif.   16   DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   Address of Source of Cif.   16   DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Source of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   Address of Cif.   A	04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking hold	held
GOVERNMENTAL ENTITY in which you are were an Official. Employee, Candidate or Nominee (e.g., dapt. agence, authority, brough, board, commission, county, school district, top, util.)  A	A [	ANALYST	seeking hold	held
B  OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendary year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar year listed there disclosure for the calendar ye	в			
De CCCUPATION OR PROFESSION (This may be the same as block 4)  Of YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the crain-draw your listed here  Of CREDITORS (See instructions on page 2). If NONE, check this box.  Of CREDITORS (See instructions on page 2). If NONE, check this box.  Of CREDITORS (See instructions on page 2). Creditor (Name and Address).  Interest Rate  Address:  Of DIRECT OR INDIRECT SOURCES OF INCOME including (but not similed to) all employment. (See instructions on pg. 2). ONLY IF NONE, check this block.  Name:  Address:  Of Croumstances (including dour not similed to) all employment. (See instructions on pg. 2). ONLY IF NONE, check this block.  Address:  Of Croumstances (including dour not similed to) all employment. (See instructions on pg. 2). ONLY IF NONE, check this block.  Address:  Of Croumstances (including dour not similed to).  OFFICE, DIRECTOR NOTION, 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 had de-officed 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 had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instructions on page 2). If NONE, check this box.  Interest Rate  Position had de-officed instruction	05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	Iominee (e.g., dept, agency, authority, borough, board, commission	on, county, school district, twp, etc.)
OCCUPATION OR PROFESSION (This may be the same as block 4)  ANALYST  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  Interest Rate  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Interest Rate  Interest Rate  Interest Rate  Interest Rate  OFFICE, DIRECTOR INDIRECT SOURCES OF INCOME including (but not similar to) all employment. (See instructions on page 2) ONLY IF NONE, check this box.  Address  OFFICE, DIRECTOR SHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Tanasportation, Lobging, 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.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Rate  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Inter	A	MONTGOMERY COUN	UTY BOA	
Information in Blocks 8 -15 represents disclosure for the calendar year listed hore:    Part	B [			
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.    Name	06	_	Information in Blocks 8 -15 represents	0/7
OPERIOR (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.    Name	_		disclosure for the cateridar year listed here.	
Address (See instructions on page 2) If NONE, check this box.    11		Name Addres	overent (See instructions on pg. 2) ONLY IF NONE.	
Source of Gift  Address of Source of Gift  Circumstances (including description) of Gift  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.  Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Transferred (Name and Address)  Transferree (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Do C S A4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act. 65 Pa.C.S. \$1109(b).		Name: Addres	,	22
Source of Gift  Address of Source of Gift  Circumstances (including description) of Gift  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.  Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Transferred (Name and Address)  Transferree (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Do C S A4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act. 65 Pa.C.S. \$1109(b).		CIETS (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.  Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Transferred (Name and Address)  Transferred (Name and Address)  Transferred (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 19 Page C S Addod (unsworm falsification to authorities) and the Public Official and Employee Ethics Act. 65 Page S. S. 1109(b).	, ,			Value 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.  Name:  Address:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  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)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 19 Do C S MS004 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).			201:	
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.  Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Transferree (Name and Address)  Transferree (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 19 Pages S 84904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pages.  Enter Current Date  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., officer, director, employee, etc.)		Address of Source of Gift	Circumstances (including description) of 13	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.    Position Held (i.e., officer, director, employee, etc.)	12		If NONE, check this box.	ValuoC
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Name and Address of Business  Interest Held (i.e., 5%, 10%, etc.)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Box C.S. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).				
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 Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 19 Pa C.S. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).	13	Business Entity (Name and Address)		
Business (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 19 Po C.S. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).  Signature  Enter Current Date	14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (		Interest Held (i.e., 5%, 10%, etc.)
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said antimation being made subject to the penalties prescribed by 19 Do C.S. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).  Signature  Enter Current Date		Business (Name and Address)	nterest in Relationsl Relationsl Date Tran	nip sferred
Signature		e undersigned hereby affirms that the foregoing information is true and correct to the	e best of said person's knowledge, information and belief; so and the Public Official and Employee Ethics Act, 65 Pa.C.S.	aid affirmation being made subject §1109(b).
		Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABO		4/18//8 OUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

	FIRST NAME	MI SUFFIX
HERON	LAUREN	
SUITE IF YOU ARE INCLUDING ATTACHMENTS, OO NOT INCLUDE ANYTHING THAT	EL NO. VAND CALLE, CELL DITTO B. GERER OF THE	NOTES SELECTED IN COLOMBER 25
		The second second second second
STATUS Check applicable block or blocks, more than one block may be marked.  Capitigate (including write-in) C Public Official (Current) D		Check this block if you
A Canadata (matang wite ii)	Public Employee (Former)  If you are fi	ling are animinal filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking hold	held
ASSISTANT BISTR		
and the state of the property of the state of	seeking hold	held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commissi $\tau$	on, county, school district, twp, etc.)
MONTGOMERY COUN	TY	
6 OCCUPATION OR PROFESSION (This may be the same as block 4) ASSISTED DISTOICT After WCY	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here	0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	DX.	
9 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE Name. AES, PO 13-x 2461 Address Havvicturg, M 17105-2461		Interest Rate
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name MCHTGOMEN County Courthouse Suxdents	check this block.	(OFFICIAŁ USE ONLY)
Name Montgomeny County Courthouse Suxonets	check this block.	(OFFICIAL USE ONLY)
Name Montgomery County Courthouse Suxonets	check this block.	(OFFICIAL USE ONLY)  Value of Gift
Name Mcirtgomeny County Courtheuse Suxdents  1 GIFTS (See instructions on page 2) If NONE, check this box.	+ Acry, Nouvistain, DA 1944	Value of Gift
Name Mcirtgomeny County Courtheuse Suxdents  1 GIFTS (See instructions on page 2) If NONE, check this box.	check this block.	Value of Gift
Name. MCHTGOMEN COUNTY COUNTY COUNTY SUXOBLESS.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I	t A (vy , Nouvistan, A) 14 unf  Circumstances (including description) of Gr	Value of Gift
Name. MCNtgomeny County Countries. Suxografis.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	t A (vy , Nouvistan, A) 14 unf  Circumstances (including description) of Gr	Value of Gift
Name. MCHTGOMEN COUNTY COUNTY COUNTY SUXOBLESS.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I	Circumstances (including description) of Gr	Value of Gift  Value  Value  O  Value  O  O  O  O  O  O  O  O  O  O  O  O  O
Name MCLITGOMEN COUNTY COUNTY COUNTY SUNDERS.  1 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction)	Circumstances (including description) of Gr	Value of Gift  Value  Value  Position Held (i.e. Afficer, director, employed; arc.)
Name MCNTGOMEN COUNTY COUNTY COUNTY SUNDERS.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	Circumstances (including description) of Gr  NONE, check this box.	Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  V
Name MCINTGOMEN COUNTY COUNTY COUNTY SANGETS.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name Address  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	Circumstances (including description) of Growns on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  Interest H	Value of Gift  Value  Value  O  Position Held (i.e. officer, director, employed, atc.)  Interest Held (i.e. officer) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4 to 2) 4
Name MCINTGOMEN COUNTY COUNTY COUNTY SANGERS.  1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name Address  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction Business of Business (Name and Address)  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Statement of Name and Address)	Circumstances (including description) of Growns on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 3 If NONE, check this box.  The instructions on page 4 If NONE, check this box.  The instructions on page 4 If NONE, check this box.	Value of Gift  Value  Position Held (i.e. officer, director, employed, atc.)  Interest Held (i.e. 5%, 10% etc.)  eld his
Name MCLITGOMEN COUNTY COUNTY COUNTY SANGERS.  1 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name Address  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (St. Business (Name and Address)	Circumstances (including description) of Growns on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.  The instructions on page 2) If NONE, check this box.	Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  V

## STATEMENT OF FINANCIAL INTERESTS

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

01	Hines Heather A
02	
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)  Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  Check this block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor C Public Official (Former) D Public Employee (Former) as a solicitor
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α [	Assistant District Attorney
r	seekingholdheld
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 [	M O N T G O M E R Y C O U N T Y
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	Assistant DA Information in Blocks 8-15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Interest Rate  Ob  Section 10 (1004) Div 1532/11-
	Name: F. Fix - IV. Co. FXVI LCCV 1
	Fed Loan P.O. Box 53021, Atlanta, GA 30353 7.00
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.
	NameAddress:
_	GIFTS (See instructions on page 2) If NONE, check this box.
11	Source of Gift  Value of Gift
	Address of Source of Gift  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Circumstances (including description) of Gifes  Cir
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. Position Hald (i.e. officer, director, employee, etc.)
	Business Entity (Name and Address)  Address
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e. 5% 10% etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  If NONE, check this box.  Interest Held Relationship
	Date Transferred
	Transferee (Name and Address)  ie undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject is undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties presented by 19 Pa C.S. \$4904 (rinsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa C.S. \$1109(b).
	Sign.  Enter Current Date
i	THIS BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PLEASE PRINT NEATLY

01 LAST NAME	FIRST NAME MI SUFFIX
HOLIOM	
02	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
	Public Employee (Current) E Check this block if you are filing
B Nominee C Public Official (Former)  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
A DIRECTOR	
	seeking A hold held
B C H A I R	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUN	MY PANNING COM.
B PENNSYLVANIA TR	ANSPORTATION CO.
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
URBAN PLANNER	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	юх. 🔀
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box. 🕅 Interest Rate
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONI Name: Address:	Interest Rate
Name: Address:	/ment. (See instructions on pg. 2) ONLY IF NONE, (OFFEEAL USE ONLY)
Name: Address:	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	/ment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If  Source (Name and Address)	whent. (See instructions on pg. 2) ONLY IF NONE, check this block. Circumstances (including description) of Git Value of Git None, check this box. Value
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Git  NONE, check this box.  Value
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction  Business Entity (Name and Address)  Name: Address:	whent. (See instructions on pg. 2) ONLY IF NONE, check this block. Check this block. Circumstances (including description) of Gitt.  NONE, check this box. Value  Postition Hold (i.e., officer, director, employee, etc.)
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Name: Address:	whent. (See instructions on pg. 2) ONLY IF NONE, check this block. Check this block. Circumstances (including description) of Gitt.  NONE, check this box. Value  Postition Hold (i.e., officer, director, employee, etc.)
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If  Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	whent. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift  NONE, check this box.  Value  Position Hold (i.e., officer, director, employed, etc.)  Position Hold (i.e., officer, director, employed, etc.)
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruct	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift  NONE, check this box.  Value  Position Hold (i.e., officer, director, employed, etc.)  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruction See Instruct	Value  Circumstances (including description) of Gift  NONE, check this box.  Value  Position Held (i.e., officer, director, employed, etc.)  Position Son page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.
Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Address:  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)  16 Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including description) of Gift  NONE, check this box.  Value  Position Hold (i.e., officer, director, employed, etc.)  The instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY FIRST NAME **SUFFIX** 01 LAST NAME BRUE GHES 02 NOTE: 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) ☐ Check this block if you C Public Official (Current) D Public Employee (Current) Check this block A Candidate (including write-in) are amending if you are filing an original filing B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking hold held В 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.) 05 Т Y Μ Ε R Y С 0 U Ν 0 В SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents 7 0 1 3515 tant disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name/and Address) If NONE, check this box. Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, heck this block. CID If NONE, check this box. 11 GIFTS (See instructions on page 2) Value of Care Source of Gift Circumstances (including description) of Giff Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. √alue Source (Name and Address)

Source (Name and Address)

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

Position Held (e., officer, director, employee, etc.)

Name:

Address:

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

Name and Address of Business

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

Interest Held Relationship
Date Transferred (Name and Address)

Date Transferred

Transferee (Name and Address)

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

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

Sig

Enter Current Date

Official and Employee Ethics Act, 65 Falc. 5. 9 1105(b).

Sig

The LOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

A SEC-1 REV. 01/18  PLEASE PRINT NEATLY	
01 LAST NAME FIRST NAME A	SUFFIX
Hughes Lauren LA	
City State Zip Code Area Code	Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOU	IT NUMBERS.
ns. STATUS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	heck this
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block	lock if you re amending n original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
AASSISHANH SOIICITOR	
seeking hold held	
В	
GOVERNMENTAL ENTITY in which you are/were an Official. Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, scho	l district, twp. etc.)
AMOntgomery County	
B	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents	
Attorney disclosure for the calendar year listed here.	<u></u>
08 REAL ESTATE INTERESTS (See instructions on page 2) 1f NONE, check this box.	
	<u> </u>
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   Interest Rate Name: Bank of America Address: BOA	96
PO BOX 67012 Harrisburg, PA 17104 PSECU.	2.9 10
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.	USE ONLY)
Name: Montgomery County Address: Nomstown, PA 14404	
11 GIFTS (See instructions on page 2) If NONE, check this box. Value of 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.	3 4 3 4
Source (Name and Address)	
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	(i.e. officer-director,
Business Entity (Name and Address)	"/ Settions de/
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR TROPING AND ADDRESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENTITY IN BUSINESS IN ANY LEGAL ENT	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	
Business (Name and Address) Relationship	
Transferee (Name and Address)  at of said person's knowledge, information and belief; said affirmation and belief.	peing made subject
The undersigned her to the penalties pres	
Signatu Enter Current Date 3/28/	<u>/8</u>
THIS FORMAGE A COPY FOR YOUR RECOIL	

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

O1 LAST NAME HUTSON	TUREA MI SUFFIX
02 ADDRESS office (business or governmental) or home City	State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
	Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	ob title, etc.) seeking hold held
A SCHOOL DIRECTOR	seeking hold heid
BDIRECTOR OF COM	Seeking hold held
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	orninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
ANORRISTOWN AREA	SCHOOL DISTRICT
BMONTCO PECORDE E	POFDEEDS
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
DIRECTOR OF COMMUNICATIONS 3 OUTREACH	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ox. 🔯
	2) 0
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.
Name: SEE ATTACHED Address	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	yment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	PO 80x 311
No	eristown PA 19404-0311 1 =
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
Source of Gift	
15.00	Circumstances (including description) of Gift
Address of Source of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box. Value
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name: Address:	Internal bladd in a EN. 4004 ata.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	ee instructions on page 2) If NONE, check this box. A Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest Held Relationship
Transferee (Name and Address)	Date Transferred  Past of said person's knowledge, information and belief; said affirmation being made subject  Past of Said Person's knowledge, information and belief; said affirmation being made subject
The undersigned hereby affirms that the foregoing information is true and correct to life to the penalties prest	the Public Official and Employee Earlies Act, 65 Fa.C.S. \$1 (05(0)).
Signatur	Enter Current Date 4-19-18
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## Creditors

American Heritage Federal Credit Union 2060 Red Lion Road Philadelphia, PA 19115 Interest Rate: 3.49%

Firstmark Services P.O. Box 82522 Lincoln, NE 68501-2522 Interest Rate: 8.040%

FedLoan Servicing P.O. Box 82561 Lincoln, NE 68501-2561 Interest Rate: 6.8%

Navient P.O. Box 9533 Wilkes-Barre, PA 18773-9533 Interest Rates: 9.375%, 12.375%

# Direct or Indirect Sources of Income BBL Enterprises 1108 Darczuk Dr

Garnet Valley, PA 19060

COMMONWEALTH OF PENNSYLVANI

#### STATEMENT OF FINANCIAL INTERESTS

A SEC-1 REV. 01/18	PLEASE PRI		(717) 783-1610 • TOLL FREE 1-800-932-0
LAST NAME		FIRST NAME	MI SUFFIX
<u> </u>	——————————————————————————————————————		
			MBER OR FINANCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks	s, more than one block may be marked.	Name and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Check this block if you
A Candidate (including write-in)  B Nominee	C Public Official (Current) D  C Public Official (Former) D	Public Employee (Current) E Public Employee (Former)	Check this block if you are filing as a solicitor  Check this block are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (as			hold held
ACCESSON			
P 3 15 10 10 10 10 10		seeking	hold held
	Office State of Man	deep for a deet engage authority harquish	n, board, commission, county, school district, twp, etc.
		Innee (e.g., dept, agency, additionly, bolodge	, board, commission, county, someon district, trup, etc.
MONTGOME	Ry COUN		
OCCUPATION OR PROFESSION (This may	y be the same as block 4)	07 YEAR SEE INSTRUCTIONS	. []
Asse8502		Information in Blocks 8 -15 represe disclosure for the calendar year list	
CREDITORS (See instructions on page 2). Constitutions on page 2). Cons	Address:  ### Address  ### Address  ### Including (but not limited to) all employs	nent. (See instructions on pg. 2) ONLY IF check t	his block.
Name: MONTGOMEN CUL	Address Act A	ONE MONTGOMERY &	
GIFTS (See instructions on page 2) If NO			Valu <b>Egi</b> Gift
Source of Gift			
Address of Source of Gift		Circumstances (includin	
TRANSPORTATION, LODGING, HOSPITA	ALITY (See instructions on page 2) If I	IONE, check this box.	Value -
Source (Name and Address)		, A	
3 OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)	ENT IN ANY BUSINESS (See instruction	ns on page 2) If NONE, check this bo	employee, etc.)
Name: FINANCIAL INTEREST IN ANY LEGAL EN	Address:	e instructions on page 2) If NONE, che	eck this box. Interest Held (i.e., 5%, 10%, etc.)
FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business	The second section of the second section (sec		121
BUSINESS INTERESTS TRANSFERRED Business (Name and Address)	TO IMMEDIATE FAMILY MEMBER (Se	e instructions on page 2) If NONE, cl	neck this box. Interest Held Relationship
Transferee ( he undersigned	and correct to the be	st of said person's knowledge, informat	Date Transferred ion and belief; said affirmation being made subje
o the penalties p	n to authorities) and	he Public Official and Employee Ethics	Act, 65 Pa.C.S. §1109(b).
Sigr	DEFICIENT IF ANY BLOCK ABOV		COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

1 L/	ST NAME										~	FI	RST	AME					T	·····	·		MI	ຸຽບ	FFIX	1
J	a p	рε	2			T						A	d	r	i	e	n	n	е				D			
	<u> </u>			I				1				\$														
	IF YÖU AR	- 100 (100	NC ATT	A CLIBS	ENTS (	ne Me	T INCL	HOE A	NYTI	HING 7	ТНАТ	REAL	RS YO	UR SC	CIAL	SECU	RITY	NUV	BEK	UKF	MARI	JALA	CCOU	รา พบ	WEN	( <del>.</del>
IOTE:																										
ST	ATUS C	neck applic	able blo	ck or b	locks, n	nore th	an one	błock	may b	oe mar	rked.	(See i	nstruc	tions o	n page	2)		r	₁					heck t		
	A 🔲 Ca	ndidate (in	cluding \	write-in)	) C		Public	Officia	l (Cur	rent)	D			Emplo				E l.	if	heck i you a	re filir		а	re am	ending	
	в 🗌 No	minee			C	: 🗆	Public	Officia	l (For	mer)	D		Public	Emplo	yee (F	ormer	')		a	á a 50	licitor		a	n orig	inai fii	ing
PU	BLIC POS	TION OR	PUBLIC	OFFIC	E (adm	ninistrat	tor, me	mber,	Comm	nission	er, jo	b title,	etc.)	56	eking			h	old	[		neld				,
A	r	is	Π.Τ	I	n t	T	D	i	s	t	r	li	С	ŧΙ		A	t	t	0	r	n	е	у			
A	s s		1-1							11		<u> </u>	1	L			——I		old			held		1		
	<b></b>					T			r		ļ	1	Τ	1 SE	eking	<u> </u>	T		loiu						T	
												<u></u>										<u> </u>				
-	OVERNMEN					05	olel Ca	onloves	Conc	tidate (	or Nor	ninee l	(en d	ent age	ency a	uthority	, bor	ouah.	board	comn	nissio	n, coun	ty, school	ol distric	ct, twp,	etc.)
5 GC	OVERNMEN	T		[	1		1			1		1	ł		T	7	1				I		1			
M	ON	TG		M	E F	R   Y		C	0	U	N	T	Y	]].			1				<u> </u>	Ll				
Γ	T	T	7 7	[		1		T	T	T	Ī	1	T	П	T	T					<u> </u>					
<u> </u>		<u>                                     </u>						<u> </u>	<u> </u>	<u></u>	<u> </u>	1	J	<u> </u>	L	<u></u>					1					
5 0	CCUPATIC	N OR PRO	FESSIC	ON (This	s may b	e the s	same a	s block	(4)					SEE						ſ	r	T	т	1		
	sistar													ation in							2	0	1 7	7		
								If NO		1. 41			<u> </u>	-												
R	EAL ESTA	TE INTERE	:STS (Se	ee instri	uctions	on pag	ge 2)	IT NON	NE, CH	IBCK U	ים צווו	OX. [	n.a													
9 C	REDITORS	(See instr	uctions (	on page	2), Cre	editor (	Name	and Ad	dress	) If N	NONE	, che	ck this	box.								Inter	es (Rije		and agent	
	me:				,						dress:									;,			777	7	Supplier	
1112																						,	20			
DI DI	RECT OR I	NDIRECT S	OURCE	S OF II	1COME	includi	ing (but	not lim	nited to	o) all er	mploy	ment.	(See i	nstructi	ions on	pg. 2)	ON	LY IF	NONE	. r	- 1	) - (QI	FICLAL	USE	ONLY	)
٥.																	cne	eck tn	is blo	CK. [		2 / 1	_		, ne	
Ņa	ime.									Add	dress:				,						$\neg$				Commence of the second	
																						11		<u> </u>	1,000.23	
1 G	IFTS (See	instruction	s on pa(	ge 2)	If NON	E, che	ck this	box.													- 1		ue of	2	September 1	
S-	ource of Gift	. <u> </u>		тт	r	<u></u>					T	1		T	T			1				_		ĺ		
														J	11					L				I.L		
Add	dress of Sour	ce of Gift													Circui	mstance	es (in	cluding	descr	iption)	of Gitt					
	RANSPOR	TATION 1	ODCIN	G HOS	DITAI	ITY /S	ee inet	ruction	s on c	page 2	() If	NONE	E, che	ck this	box.							Value				
	ource (Name			J, 1103	,, IIAL				~ ~·· Þ						·r	r		7		ſ		·	-T	1	т-	
***************************************														-										].[_		
L	FFICE, DI	FOTOBO		EMDI /	JYME N	TINA	NY RI	ISINES	s (S	ee ins	tructi	ons or	1 page	2) If	NONE	, chec	k thi	s bo	ć, 🔳				on Held o		cer, dir	ector,
13 C	OFFICE, DI Business Er	tity (Name a	and Addre	:83)	, I IVIE (				- (5	J <b>u</b>			, -	•								\$11px	,, ec. etc	•		
N.	ame:										ire <u>s</u> s:															
14 F	INANCIAL	INTERES	T IN AN	Y LEG/	AL ENT	ITY IN	BUSII	VESS	OR F	PROFI	T (S	ee inst	tructio	ns on p	age 2	) If N	IONE	, che	ck th	is bo	x. 📳	Intere	est Held	i.e., 5%	, 10%.	etc.)
ĺ	lame and Ad	tress of Busi	ness																		!					
																				-1	r=					
	BUSINESS			ISFER	RED TO	O IMMI	EDIAT	E FAM	ILY M	IEMBE	<b>≅R</b> (\$	See in:	structi	ons on	page :	2) <b>If</b>	NON	≝, ch	eck ti İ	nıs bo Inter	ox. ∐ est He	id				
	Business (Na																			Rela	itionsh Trans	ip Itemed				
The	ransteree (N ndersigned	ame and Ad	dress)	the for	egoing i	informa	ation is	true ar	nd cor	rect to	the l	best of	f said	person	's knov	vledge	, info	rmati	on an	d beli	ef; sa	d affire	nation i	eing n	nade s	subjec
to the	penalties p	escrib							o auth	norities	s) and	the P	ublic (	Official	and E	mploye	ee Et	nics /	4ct, 69	Pa.C						
	0:	ature							<u></u> .								Er	nter C	urrent	Date	Ma	irch :	27, 20	718		_
	-	sture _ S FOR…							BLC	OCK A	ABO\	VE IS	NOT	сом	PLET	ED. I	MAK	EA	COP	Y FO	R YC	UR R	ECOR	DS.		
		- , - , , , , , , , ,										l of a													-	

PLEASE PRINT NEATLY

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

01 LAST NAME	FIRST NAME MI SUFFIX
JARRECU	ROWALP
02	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING T	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be mark	xed. (See instructions on page 2)  Check this block if you
A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	D Rublic Employee (Current) E Check this block if you are filing D Public Employee (Former) as a solicitor are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissions	er, job title, etc.) seeking hold held
A COUNTY PLANNER	
	seeking hold held
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.)
* MONTGUMERY COC	W78
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
Commenty flames	disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	s box.
30 31-21-31-31-31-31-31-31-31-31-31-31-31-31-31	ONE, check this box.  Interest Rate 4.196
Name: Hydrac / Total Corp Addr	ventur Valley CA 92720
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all em	ployment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
Name: Gymbire of Collegeille Addr	check this block.
Name: O 9/7/10/11	ESS 50 W. 312 Ave folloge Me PA 19426
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value GE ift
Source of Sin	
Address of Source of Gift	Circumstances (including description) of City
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 instru	uctions on page 2) If NONE, check this box. Position Hald (i.e., officer, director, employee atc.)
Business Entity (Name and Address)	
Name: Addres  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	
Name and Address of Business	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	interest'Held
Transferee (Name and Address)	Relationship Date Transferred
The undersigned to the penalties pr	t of said person's knowledge, information and belief; said affirmation being made subject e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)
	Enter Current Date 41111
Sign: THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK AB	OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

Robodo Commenty Association Po Box 94 Royers Fred PA 19468

2018 MAY -1 AM 10: 13

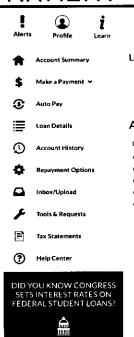
## **STATEMENT OF FINANCIAL INTERESTS**

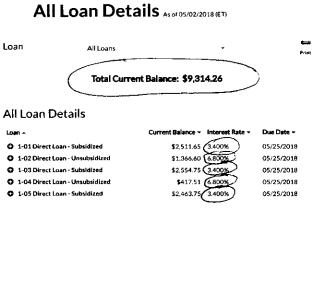
PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

	LAST	NAME													-	FIRST	NAME										MI	SUF	FIX
	JE	F	-   {	FF	2 1	1		S		T					٦	Z F	R	R	V	· [		And comments of the					W		
***			<u>i.</u>	1,											1.6.		1												
																												۱۲	e
1	F. IF Y	OH A F	e in	ici iini	NG AT	ΤΔί	HME	NTS T	no N	וו דמו	VCL HD	FANY	/THI	ING T	HAT BE	ARSY	OUR S	COCIA	J SE	CURIT	Y NI	IMRE	R OR	FINΔ	NCIA	LAC	COUN	TNUR	IRERS
																											J J J N		comment to the Fr
	STATU	<b>S</b> (	hec	k applic	able b	olock	or ble	ocks, m	nore 1	1			•		ed. (Se				-			,				[		neck ti ock if	
	Αļ			date (in	cluding	g wri	te-in)	С	Γ		blic Offi	• •		. ,		Publ					E	1	Chec if you	k this are fi	block iling		ar	e ame	nding
_	В (	No	omin	ee				С	L.,	.i Pu	blic Offi	cial (F	orm	ner)	D L	.J Publ	ic Emp	loyee	(Forr	ner)			as a	solicite	or		arı	origii	al filing
	PUBL	C POS	ITIC	N OR I	PUBLI	CO	FFICE	(admi	inistr	ator,	membe	r, Cor	nmis	ssione	r, job til	le, etc.	<u>. اــا (</u>	seekii	ng		Ļ.	hok	l 		held	<b>!</b> 		_	т
										_					] .														
																		seeki	ng			hok	j		held	1			
,		Ī	7	T			T	T	T				T			T	I		T	I	Ī	1	T		T	į			
-			<u> </u>		<u> </u>	<u> </u>							1				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>								
	GOVE	RNME	ITAL	ENTIT	Y in wh	nich y	you ar	e/were	an Of	fficial,	Employ	ee, Ca	andid	date or	Nomine	e (e.g.,	dept, a	gency	autho	rity, bo	roug	h, boa	rd, con	nmissi	on, co	unty,	school	district	twp, etc.
ľ	NO	N	7	- 4	1	1	4	= 0	2 \	Y	1	0			PL	- A	12	1	N	G	₹						na na na na na na na na na na na na na n	j	
		1	_	1	1	T-		1	T	1							1	Ī	ſ	Γ.	T			7					T
					<u> </u>						<u> </u>						1	<u> </u>	<u> </u>		<u> </u>	_ <u> </u>				1			
	occu	PATIO	N O	R PRO	FESSI	ON	(This	may be	the	same	e as blo	ck 4)			07	YEAR	R SE	E INS	TRUC	TION	S.			,	,	-y · · · · ·		,	
	10	$\lambda$	=<	140	, 7	>.	Δ.	٠.١.٠	-0								nation sure fo				•		ere:	2	0	1	8		
	<u> </u>														—-										4			-1	
	CREDI Name	TORS	(Se				page 2								S box.										Int	terest	Rate		
	Name			e instru	ctions	on p	page 2	2). Cred	ditor	(Nam	ne and /	Addres	ss)	If NC	ONE, ch	eck th			·	2) ON	ILY II	F NO!	¥E,	**			Rate CIAL U	ISE OI	NLY)
	Name DIRECT	r or II	NDIF	e instru	ctions	on p	page 2	2). Cred	ditor	(Nam	ne and /	Addres	ss)	If NC Addre	ONE, ch	eck th			·	2) ON ch	ILY II	F NO!	¥E, lock.	X		OFFIC	CIAL U		
_	Name DIRECT		NDIF	e instru	ctions	on p	page 2	2). Cred	ditor	(Nam	ne and /	Addres	ss)	If NC Addre	DNE, ch	eck th			·	2) ON ch	eck 1	this b	₹E, lock,	X		OFFIC		pund gara	
	Name DIRECT	r or II	NDIF	e instru	Ctions	on p	oage 2	2). Cred	ditor (	(Nam	out not I	Addres	ss) to) a	If NC Addre	DNE, ch	eck th			·	2) ON ch	ILY II	this b	NE, lock.		(0	OFFIC	CIAL U	pund grafi	
	Name DIRECT	r OR II	NDIF	e instru	Ctions	on p	oage 2	2). Cred	ditor (	(Nam	out not I	Addres	ss) to) a	If NC Addre	DNE, ch	eck th			·	2) ON ch	eck 1	this b	₹E, lock.			OFFIC	CIAL U	pund grafi	
	DIRECT Name	r OR II	NDIF	e instru	Ctions	on p	oage 2	2). Cred	ditor (	(Nam	out not I	Addres	ss) to) a	If NC Addre	DNE, ch	eck th			·	2) ON ch	eck 1	this b	₩E, lock,		(0	OFFIC	CIAL U	pund grafi	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	DIRECT Name	(See	NDIR	e instru	Ctions	on p	oage 2	2). Cred	ditor (	(Nam	out not I	Addres	ss) to) a	If NC Addre	DNE, ch	eck th		tions	pg.	ch	eck	this b	NE, lock.		(0	OFFIC	CIAL U	pund grafi	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name  DIRECT  Name  GIFTS  Source	(See of Gift	NDIR	e instru	DURCI	es C	DF INC	OME in	nclud	(Nam	out not i	Addres	to) a	Addre	DNE, ch	t. (See	instruc	Circ	on pg.	ch	eck	this b	lock.			OFFIC	CIAL U	(p. 10)	
	DIRECT Name  GIFTS Source	(See of Gift of Source	NDIR	e instru	DURCI	es C	DF INC	OME in	nclud	(Nam	out not i	Addres	to) a	Addre	DNE, ch	t. (See	instruc	Circ	on pg.	ch	eck	this b	lock.		(0	OFFIC	71 OF THE OF	(p. 10)	
	DIRECT Name  GIFTS Source	(See of Gift of Source	NDIR	e instru RECT So	DURCI	es C	DF INC	OME in	nclud	(Nam	out not i	Addres	to) a	Addre	DNE, ch	t. (See	instruc	Circ	on pg.	ch	eck	this b	lock.			OFFIC	CIAL U	(p. 10)	
	Name  DIRECT Name  GIFTS Source  Address of TRAN: Source  OFFIC	(See of Gift  of Source (Name	Instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	e instru RECT So ructions Gift ION, LC Address)	On pa	on p	DF INC	NONE,	nclud	(Nam	out not I	Addres	to) a	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	DNE, ch	t. (See	instruc	Circ	on pg.	ch	eck	ng des	lock.		Value Pos	OFFIC	2010 The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Car	
	Name  DIRECT Name  GIFTS Source  Address of TRAN: Source  OFFIC	(See of Gift  of Source (Name	Instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	e instru RECT So ructions Gift ION, LC	On pa	on p	DF INC	NONE,	nclud	(Nam	out not I	Addres	to) a	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	DNE, ch	t. (See	instruc	Circ	on pg.	ch	eck	ng des	lock.		Value Pos	OFFIC	2010 The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardinal Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Cardina Car	
	Name  DIRECT  Name  GIFTS Source  ITRAN  Source  OFFIC Busine	(See (See of Gift of Source (Name	INDIR	e instru RECT So RECT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT	On pa	on personal services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the se	DF INC	NONE	y (S	(Nam	out not I	ons on	to) a	If NC Addres	If NON	IE, che	ck this	Circo box	umstar	ch ch	eck to	ng des	Conption	odSin	Value Pos emp	/alue o	2) Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	director
	Name  DIRECT  Name  GIFTS  Source  TRAN:  Source  OFFIC  Busine  Name:	(See (See of Gift of Source (Name	Instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	e instru RECT So RECT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT So RecT	ON PA	on personal services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the se	DF INC	NONE	y (S	(Nam	out not I	ons on	to) a	If NC Addres	ONE, choss:	IE, che	ck this	Circo box	umstar	ch ch	eck to	ng des	Conption	odSin	Value Pos emp	/alue o	2) Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	
	Name  DIRECT  Name  GIFTS  Source  Address of TRAN  Source  OFFIC  Busine  Name  FINAN  Name a	(See of Gift  of Source  SPOR (Name E, DIR E, DIR CIAL I	Instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	e instru RECT So RUCTIONS Gift ION, LC Address) FORSHI Name an	On pa	on p  ES C  G, F  EMI  Sasa)	DF INC	NONE,	Y (S	(Nam	ne and /	Address milted	to) a	Addres  Addres  Addres  Addres  Addres	ONE, choss:  If NON  ctions o	t. (See	ck this	Circ box	E, che	ch ces (in	s be	eck ti	conption	ad Gift	Value Pos emp	/alue o	2) Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	director
A	Name  DIRECT  Name  GIFTS  Source  Address of TRAN  Source  DFFIC  Busine  Name a	(See (See of Gift  of Source (Name E, DIRR CIAL I	Instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	e instru RECT So RUCTIONS Gift ION, LC Address) FORSHI Name an	On pa	on p  ES C  G, F  EMI  Sasa)	DF INC	NONE,	Y (S	(Nam	ne and /	Address milted	to) a	Addres  Addres  Addres  Addres  Addres	If NON	t. (See	ck this	Circ box	E, che	ch ces (in	s be	eck ti	his bo	x. X	Value Pos emp	/alue o	2) Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	director
	Name  DIRECT  Name  GiFTS  Source  TRAN  Source  PiNAN  Name  BUSIN  Busines  Transfe	(See (See of Gift  of Source (Name E, DIRR CIAL I  I Add  ESS II  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name  I (Name	Instruction of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	e instru RECT So RECT So RECT So RECT So REST So Address Address Address Address Address Address Address	DDGIN  P, OR  Address  TRAN  (a)  (a)  (b)  (c)  (c)  (c)  (c)  (c)  (c)  (c	IG, H	DF INC	NONE I	Y (S	(Name of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	ne and /	ons on	to) a	Addres Addres Addres Addres Addres Addres	If NON ctions c	IE, che	ck this	Circ i box	umstar	ch cas (in	eck i	eck ti	his bo	x. X. X. Dx. Fest Heationsh	Value Pos emp	OFFIC	CIAL U	, 5%, 1	director
	Name  DIRECT  Name  GiFTS  Source  TRAN  Source  PiNAN  Name  BUSIN  Busines  Transfe	(See of Gift  (See of Gift  of Source (Name E, DIRR  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  C	Instruction in Structure of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr	e instru RECT So RECT So RECT So REST So Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addre	DDGIN  P, OR  Address  TRAN  (a)  (a)  (b)  (c)  (c)  (c)  (c)  (c)  (c)  (c	IG, H	DF INC	NONE I	Y (S	(Name of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	ne and /	ons on	to) a	Addres Addres Addres Addres Addres Addres	If NON ctions c	IE, che	ck this	Circ s box	umstar  E, che	ch ches (in NONE	eckticudiiiis be	ng des	his bo	x. X. X. Frest Heationsh ef; sai	Value Pose emp	OFFIC	CIAL U	, 5%, 1	director
	Name  DIRECT  Name  GIFTS  Source  TRAN  Source  PINAN  Name  BUSIN  Busines  Transferendersig	(See of Gift  (See of Gift  of Source (Name E, DIRR  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  CIAL I  C	Instruction of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	e instru RECT So RECT So ON, LO Address) FORSHI Name and RESTS A Address A Address and Address y affirm oned by	DDGIN  P, OR  Address  TRAN  (a)  (a)  (b)  (c)  (c)  (c)  (c)  (c)  (c)  (c	IG, H	DF INC	NONE I	Y (S	(Name of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	ne and /	ons on	to) a	Addres Addres Addres Addres Addres Addres	If NON ctions c	IE, che	ck this	Circ s box	umstar  E, che	nock this none info one info	is be	eck ti	his bo	x. X. X. X. X. X. X. X. X. X. X. X. X. X.	Value Pose emp	OFFIC	CIAL U	, 5%, 1	director

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

		<del></del>		M SUFFIV
J o h n s o n		J a y 1 e	n e	MI SUFFIX
		<u> </u>		
TE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE AS	NYTHING THAT	BEARS YOUR SOCIAL SECUR	ITY NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block n	nay be marked. (	:1		Check this block if you
A Candidate (including write-in) C Public Official	•	Public Employee (Current)	if you are t	iling are amending
8 Nominee C Public Official	<u> </u>	Public Employee (Former)	as a solicit	<u> </u>
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, C	ommissioner, jol		hold	held
Grants Admin	i s t	r a t o r		
		seeking	hold	held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee,	Candidate or Non	ninee (e.g., dept, agency, authority,	borough, board, commiss	ion, county, school district, twp, etc.
County of Mo	n t g	o m e r y		
	1			
OCCUPATION OR PROFESSION (This may be the same as block	4)	07 YEAR SEE INSTRUCTION Information in Blocks 8 -15		0 1 7
rants Administrator		disclosure for the calendar		<u> </u>
CREDITORS (See instructions on page 2). Creditor (Name and Add Name: (See attachment for second creditor)	Address:		nia DA	Interest Rate 5.24
American Hertiage FCU		Red Lion Rd Philadelp		
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limit	ed to) all employr	ment. (See instructions on pg. 2)	ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
Name: County of Montgomery	Address: 425 S	Swede Rd Ste 801 Norr	istown PA	2
GIFTS (See instructions on page 2) If NONE, check this box.				Value oIZSift
Source of Gift				
		Circumstance	्रा s (including description) of G	Eithiù IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Address of Source of Gift				
TRANSPORTATION, LODGING, HOSPITALITY (See instructions	on page 2) If	NONE, check this box.		Value
Source (Name and Address)				
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	Con instruction	ns on page 2) If NONE check	this box.	Position Held (i.e., officer, director
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address)		and on page 2) is received without		employee, etc.)
Name. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FO	Address:	e instructions on page 2) If No	ONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR Name and Address of Business	OK FROFII (Se		,	
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMIL	Y MEMBER (S	ee instructions on page 2) If N	IONE, check this box.	
Business (Name and Address)	·		Relation	ship
Transferee (Name and Address)	t correct to the h	est of said person's knowledge.	information and belief;	ansferred said affirmation being made subje
the undersigned her has a firme that the forestoled information is true distinct the penalties press	) and	the Public Official and Employe	e Ethics Act, 65 Pa.C.S.	\$1109(b). 5/1/10
Signatui			Enter Current Date	OUR RECORDS
THIS F		E IS NOT COMPLETED. N	IAKE A COPY FOR Y	TOUR RECORDS.
	(3	of 4)	١	12





AROUT US
TERMS OF USE
PROTECTING YOUR PRIMACY
SOCIAL MEDIA POLICIES
ABOUT OUR ADSIP
SITE MAP
ACCESSIBILITY
CONTACT US

© 2018 - Naviont Solutions, LLC. All rights reserved. Navient and the Navient logo are registered service marks of Navient Solutions, LLC. Other logos are trademarks or service marks of their respective owners. Navient Corporation and its substitutes, including Navient Solutions, LLC, are not sponsored by or agencles of the United States of America

2018 NAY -2 PH 3: 38

42

## STATEMENT OF FINANCIAL INTERESTS

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

JO 0	E 4N50	· //			J E					A M	M
02 ADDRESS o	iffice (business or	r governmental) c	or home	City			State	Zip Code	Area Code	e Pho	one
NOTE: IF YOU A	RE INCLUDING AT	TACHMENTS, DO	O NOT INCLUDE	ANYTHING TH	AT BEARS YO	UR SOCIAL SEC	CURITY NUI	MBER OR F	INANCIAL ACC	COUNT NU	MBERS.
А П С В П М	Check applicable b Candidate (including Iominee	g write-in) C	Public Offic	cial (Current)	D Public	Employee (Curre	ner)	if you a as a so	this block are filing olicitor	Check to block if are ame an original	f you
04 PUBLIC PO	SITION OR PUBLI	C OFFICE (admin	nistrator, member	, Commissioner,	job title, etc.)	seeking	X I	hold	held	<del></del>	
ADEP	ury	DI	REC	TOR	<u>ং</u>			hol-			
В						seeking		hold	held		
05 GOVERN	NTAL ENTITY in wh	nich vou are/were	n Official Employe	ie, Candidate or h	Jorninee (e.g. de	ept, agency author	rity, borough	board, comn	nission, county	school distric	rt, twp, etc.)
A MO	VT bo	M & R	Y (	o u A	1 T Y	У О	T	H	CER	176	R
В											
06 OCCUPATI	ON OR PROFESS	ION (This may be	the same as bloc	ck 4)		SEE INSTRUC					_
	EPUTY					ation in Blocks 8 - sure for the calend			2 0 1	7	
	ATE INTERESTS (			)NE, check this	box. 🖈						<del>-</del>
Name: DI	S (See instructions  AMOND  FNEFCIAL  INDIRECT SOURCE	CREDIT DAMK	Car low	Tarlan) Addres	Ph.	Hadelph	2) ONLY IF	PA-	(OFFIC	Rate 2	9%
10 DIRECTOR	HUNEU I BUURC	LU UIT INCOME IN	# JOR JUGJ grimmer.	сы ан етр	. ,	, ,,,,,,,,,, oil pg.	check ti	his block.		·	,
Name:				Addres	55:					2018	J
11 GIFTS (Se Source of Gif	e instructions on pa	age 2) If NONE,	check this box.	<u> </u>	, <u> </u>					of Giff	
									Sec.	F	1
Address of Sou								g description)	ot Gill Sign	PR	
	RTATION, LODGIN	NG, HOSPITALIT	Y (See instructio	ns on page 2)	If NONE, chec	k this box. 🔀	-		AUTO		i I I
Source (Nam	e and Address)								<u>σ</u>		
	IRECTORSHIP, OR ntity (Name and Addr		IN ANY BUSINE	SS (See instruc	ctions on page	2) If NONE, che	eck this bo	х. 🔀	Position F employee	Held (i.e., offic e, etc.)	cer, director,
Name				Address						leid 6 - ***	10% etc.
14 FINANCIA Name and A	L INTEREST IN AN	NY LEGAL ENTIT	Y IN BUSINESS	FOR PROFIT	(See instruction	ns on page 2) if	NONE, chi	eck this bo	x.  X Interest I	u (i.e., 5%.	, .o./e, etC.)
	INTERESTS TRA	NSFERRED TO I	MMEDIATE FAN	AILY MEMBER	(See instructio	ns on page 2)	If NONE, ch	Intere Relat	rest Held Itionship		<del>_</del>
Transferee (	Name and Address) hereby affirms tha	t the face	apportion :	nd correct ** **	) best of acid	erson's knowled	ie. informati	Date	Transferred	on being m	ade subject
to the penalties p	orescribed by 18 Pa	ic the foregoing info	ormation is true a	and correct to the	, post of said p	erson's knowledg Afficial and Emplo	byee Ethics A	ACI, 65 PA.O	4-7-18		, • • • •
_	nature					OMPLETED.		COPY FOR	<u>/ —                                     </u>	_	
тн	IS FORM IS CO					Tomr LEIEU.	ane M				

#### STATEMENT OF FINANCIAL INTERESTS

FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936

PENNSYLVANIA STATE ETHICS COMMISSION.

PLEASE PRINT NEATLY **SUFFIX** 01 LAST NAME FIRST NAME MI Karachali mADDRESS off 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE, ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) E Check this block C Public Official (Current) A Candidate (including write-in) are amending if you are filing an original filing B Nominee Public Official (Former) D Public Employee (Former) as a solicitor hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) e C ent seeking hold heid В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, two, etc. 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents isease Intervention Specialist disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address Name (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address P. D. Box 311 Noristan PA GIFTS (See instructions on page 2) If NONE, check this box. 11 Value of Giff Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee etc.) Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. X Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 interest Held Business (Name and Address) Date Transferred Transferee (Name and Address) ect to the best of said person's knowledge, information and belief; said affirmation being made subject The undersigned hereby affirms the prities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties prescribed by 18 Enter Current Date Signature, THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV, 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX e 4 02 NOTE NCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) block if you Public Employee (Current) Check this block are amending Nominee if you are filing as a solicitor Public Official (Former) Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) V hold heid u seeking hold held 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.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. BSN Information in Blocks 8 -15 represents RN 2 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Name DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 (OFFICIAL USE ONLY) Address: P.O. Box 31 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Position Heid (i.e., officer, director, employee, etc.) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)

Address of Source 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 Position Hold (i.e., officer, director, employee, etc.)

Name:

Address:

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

16 Interest Held (i.e., 5%, 10%, etc.)

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

18 Interest Held (i.e., 5%, 10%, etc.)

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

19 Interest Held (i.e., 5%, 10%, etc.)

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

10 Interest Held (i.e., 5%, 10%, etc.)

11 Interest Held (i.e., 5%, 10%, etc.)

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

13 Interest Held (i.e., 5%, 10%, etc.)

14 Position Hold (i.e., 5%, 10%, etc.)

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

16 Interest Held (i.e., 5%, 10%, etc.)

17 Interest Held (i.e., 5%, 10%, etc.)

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

18 Interest Held (i.e., 5%, 10%, etc.)

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

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

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

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

10 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMB

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 **PLEASE PRINT NEATLY** 01 LAST NAME **FIRST NAME** МІ **SUFFIX ADDRESS** NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (Seg/instructions on page 2) 03 Check this block if you C Public Official (Current) Check this block A Candidate (including write-in) Public Employee (Current) are amending if you are filing Public Employee (Former) an original filing C Public Official (Former) ρШ as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seeking hold held 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.) В SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: (OFF)CIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, garage at the state of ಧ GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, Business Entity (Name and Address) Address: 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Interest Held Business (Name and Address) Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the forecoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject ic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties pres-Enter Current Date DOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS FORM IS CONSIDERED DEFICIENT IF ANY

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION MSEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATI Y 01 LAST NAME FIRST NAME SUFFIX 0 u NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See Instructions on page 2) Check this A Candidate (including write-in) c 🛮 Public Official (Current) D 🔲 Public Employee (Current) block if you E L Check this block are amending B Nominee if you are filing C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Note held + seeking hold held A 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.) _U Ç R 06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents Attorney 1Sheriff 2 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Namo: See continuation sheet Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Address GIFTS (See instructions on page 2) If NONE, check this box. -77 Source of Gift Address of Source of Gift Circumstances (including description) of Ciff. TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 7 - 4 ഗ ്ഗ OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held (i.e., officer, director, cuntinuctions bect FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 🔲 Interest Hold (i.e., 5%, 10%, etc.)

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

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

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

(3 of 4)

Relationship

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)

Signature .

to the penalties prescribe

continuation sheet

## Sean Kilkenny, 2017 Statement of Financial Interests, Continuation page

## Block 9.

- 1. Barclaycard, 125 West St, Wilmington, DE 19801, 14.5 Interest Rate
- 2. Beneficial Bank, PO Box 9490, Philadelphia, PA 19101, 4.9 Interest Rate
- 3. TD Bank, 710 Old York Rd., Jenkintown, PA 19046, 14.99 Interest Rate

## Block 10.

- 1. Montgomery County, P.O. Box 311, Norristown, PA 19404
- 2. DFAS (Army Reserve), 8899 E 56th St, Indianapolis, IN 46249
- 3. The Law Offices of Sean Kilkenny, LLC, 17 E. Airy St., Norristown PA 19401

#### Block 13.

1. Owner, The Law Offices of Sean Kilkenny, 17 E. Airy St., Norristown, PA 19401

### Block 14.

- 1. The Law Offices of Sean Kilkenny, 17 E. Airy St., Norristown, PA 19401
- 2. FSALAW Investors, 101 Greenwood Ave, Jenkintown, PA 19401

2010 FEB 20 AH 5: 27

2/2

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX FIRST NAME MI LAST NAME 01 S Ε S S Ε J K Ι Ν G 02 ADD NOTE: 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) 03 Check this block if you D Public Employee (Current) Check this block C Public Official (Current) A .... Candidate (including write-in) are amending if you are filing an original filing D Public Employee (Former) C Public Official (Former) В Nominee as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking Т Y T Α Т R Ν Ε Ι C Т 0 D E U Т Υ R Ι seeking hold held 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.) Ε C U N Т Т 0 М R Y  $\circ$ М 0 Ν G Α OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents DEPUTY DISTRICT ATTORNEY 7 0 1 disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: 3.5% NAVIENT STUDENT LOAN (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, سريه دي **C**D Name: MONTGOMERY COUNTY/ B Address NORRISTOWN PA/ BRYN ATHYN, PA: ACADEMY OF NEW CHURCH GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift sche. All-Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)

# STATEMENT OF FINANCIAL INTERESTS

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

									Р	LEAS	E PRII	NT NE	ATL	Υ							, , , , ,				
01	LAST I		h h	Ś	Ку	, ]					]		ST N	b	و	<i>(</i>	t							UFFI	×
02																									
NC	TE: IF YO	U ARE IN	CLUDII	NG AT	TACHMEN	ITS, DO	тои с	INCLUDE	E ANYT	HING	THAT	BEAR	s yo	UR S	OCIAL	SECUR	ITY NU	MBER	ORI	FINAN	ICIAL /	ccou	JNT N	UMB	ERS.
03	STATUS A D		late (inc		ock or blo write-in)	cks, mo C C	☐ F	n one bloc Public Offic Public Offic	cial (Cu	rrent)		[☐\F	ublic	Emp		Current)	E	if	you	this bare fili	ing		Check block are ar an or	if yo nend	u
04	PUBLIC	POSITIO	N OR P	UBLIC	OFFICE	(admin	istrato	r, membe	r, Comr	nission	ner, job	title, e	etc.)	s	eeking			hold	r		held				
A	A   S	5	کلن	ŧ	a n	4		0	2	+	~			+		At	-   +	U	~	17	9	لح			
ſ		1 1	<del></del>	1	I			1 7		1	T T	Т	Į.	s	seeking		$\frac{\sqcup}{\top}$	hold	Ι		held				
В								<u> </u>	<u> </u>		<u> </u>							<u> </u>		<u> </u>			<u> </u>		
05	GOVER	NMENTAL	ENTIT	í in whi	ich you are	were a	n Offici	al, Employ	ee, Can	didate d	or Nom	inee (e	.g., de	ept, aç	gency, a	uthority, I	barough	, board	l, com	missio	n, coun	ty, scho	ol dist	rict, tv	vp, etc.)
Α	МО	N	ΓG	0	ME	R	Y		0	U	N	T	Y						<u> </u>						
в			T	1																					
06	OCCUP	ATION O	R PROF	ESSI	ON (This r	nay be	the sa	me as blo	ck 4)			07 <b>Y</b> I				RUCTIO			г						
	ΔH	och	ان													s 8 -15 r Ilendar y			e: [	2	0	1	7		
08				STS (S	ee instruc	tions or	n page	2) If NO	ONE, ch	neck th	his box	ر. ا <u>ن</u>	,												
09		•						ame and A		•	IONE,					Com	/ lu	ni			Inter	st Rate	)		
09		3 rea	4 <u>L</u>	alle	S H	Jher		ame and A		•	,	24c	1-	Ent	Vinu	(, c.14 S	•				Inter	st Rate	، ا	) 	3
10	Name: C	3 (èn Cc	4 <u>[</u>	116 + A	ς Η· [f. ι·u	Jher Les	Εd		en —	Add	iress:	24c	dis	<u> Ent</u> 0,1	V my	pg. 2) C	37	ري NONE	ck [		20	Rate	:2	ONL	3 Y)
	Name: C	3 (èn Cc	4 <u>L</u>	116 + A	ς Η· [f. ι·u	Jher Les	Εd	ایده+۱٬	en —	Add	iress:	24c	dis	<u> Ent</u> 0,1	V my	pg. 2) C	37 DNLY IF	ري NONE	ck (		20 FAPR	7,6	:2	ONL	₹ Y)
	Name: (	CC OR INDIR	ECT SC	ω(¢ <u>i- A</u> DURCE	(f. Land	Le S	cluding	(but not li	mited to	Add	nploym	24c	dis	<u> Ent</u> 0,1	V my	pg. 2) C	37 DNLY IF	ري NONE	ck.		20 BAPR 30	7.6	:2	ONL	₹ Y)
	Name: (	CC OR INDIR	ECT SC	ω(¢ <u>i- A</u> DURCE	(f. Land	Le S	cluding	ایده+۱٬	mited to	Add	nploym	24c	dis	<u> Ent</u> 0,1	V my	pg. 2) C	37 DNLY IF	O V- NONE his blo	<b>6K</b> (1)		20 BAPR 30 AI	7.6	USE	ONL	ζ Υ)
10	Name: () Name: () Name: ()	CC OR INDIR	ECT SC	ω(¢ <u>i- A</u> DURCE	(f. Land	Le S	cluding	(but not li	mited to	Add	nploym	24c	dis	<u> Ent</u> 0,1	V my	pg. 2) C	37 DNLY IF	O V- NONE his blo	ck. (		20 BAPR 30 AI	FICIAL	USE	ONL	3 Y)
10	Name: ( Name: Source of	CC OR INDIR	ECT SO	ω(¢ <u>i- A</u> DURCE	(f. Land	Le S	cluding	(but not li	mited to	Add	nploym	24c	dis	<u> Ent</u> 0,1	W nut	pg. 2) C	3 T DNLY IF theck to	NONE his blo		of Gift	20 BAPR 30 AI 10: 0	FICIAL	USE	ONL	3 Y)
10	Name: (  DIRECT  Name:  GIFTS  Source of  Address of	OR INDIR	uctions  Grift	on pag	S OF INC	JAC SOME INC	check	(but not li	mited to	Add	mploym dress:	24 c	d C.	Conto	Winter Circum	pg. 2) C	3 T DNLY IF theck to	NONE his blo			20 BAPR 30 AI 10: 0	FICIAL	USE	ONL	3 Y)
10	Name: (  DIRECT  Name:  GIFTS  Source of  Address of	Gee instr	uctions  Grift	on pag	S OF INC	JAC SOME INC	check	g (but not li	mited to	Add	mploym dress:	24 c	d C.	Conto	Wijams on Circum	pg. 2) C	3 T DNLY IF theck to	NONE his blo			20 8 APR 30 AI 10: 02	FICIAL	USE	ONL	3 Y)
10	Name: ( DIRECT  Name:  GIFTS Source of  TRANS Source (I	Gee instr	uctions  Gift  ON, LO	ON PAGE	G, HOSPI	OME INC	check	g (but not li	mited to	Add Add Add Add Add Add Add Add Add Add	mploym dress:	24 c ment. (S	discount of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	Lnt cn sstruct	Circum	pg. 2) C	3 7 DNLY IF check to	NONE his bloo			20 PAPR 30 ATS 02 Value	FICIAL	USE (i.e. of		Y)
10	Name: (  DIRECT  Name:  GIFTS  Source of  TRANS  Source (f	GSee instr (See instr Gift Source of G PORTATI Name and A	uctions  ON, LO ddress)  ORSHI	On page	G, HOSPI	OME INC	check ( (See	this box.	mited to	Add	mploym dress:	24 c ment. (\$	disconnection of the connection  Later Construct	Circum	pg. 2) C	3 The short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the	y V	ption)		20 8 APR 30 A Value	pe of Gillian	USE (i.e. off	licer, c	director,	
110	Name: (  DIRECT  Name:  GIFTS  Source of  TRANS  Source (f  OFFICE  Busines  Name:	GSee instr (See instr Gift Source of G PORTATI Name and A	uctions  Gift  ON, LO  Address)  CRSHI Name and	On page	G, HOSPI	OME INC	check ( (See	g (but not li	mited to	Add	mploym dress:	24 c ment. (\$	disconnection of the connection  Later Construct	Circum	pg. 2) C	3 The short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the	y V	ption)		20 PAPR 30 ATS 02 Value	pe of Gillian	USE (i.e. off	licer, c	director,	
110	Name:  DIRECT  Name:  GIFTS Source of  TRANS Source (I)  OFFICE Busines  Name:	(See instr (See instr (Gift Source of C PORTATI Name and A E, DIRECT is Entity (N	uctions  Gift  ON, LO  Address)  FORSHI Name and	ON PAGE	G, HOSPI	OME INC	check  ( See	this box.	mited to	Add Add ROFIT	mploymdress:  ) If Noruction ress:	ONE,	disconsistent de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la c	k this	Circum  S box.  NONE,	pg. 2) C	3 The short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the short of the	g descri	ption)	       	20 8 APR 30 A Value	pe of Gillian	USE (i.e. off	licer, c	director,
10	Name:  DIRECT  Name:  GIFTS Source of  Address of  TRANS Source (f  OFFICE Business Name:  FINANC Name and  BUSINI Business	GSee instr (See instr Gift  PORTATI Name and A  E, DIRECT is Entity (N  EACH Address of Address of Name and A  ESS INTE	uctions  ON, LO dddress)  ORSHI Name and RESTS d Address	DURCE on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on	G, HOSPI	OME INC	check  ( See	this box.	mited to	Add Add ROFIT	mploymdress:  ) If Noruction ress:	ONE,	disconsistent de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la c	k this	Circum  S box.  NONE,	pg. 2) C	ONLY IF the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check	g descri	ption)	x. U	20 FAPR 30 Al Value Position intere	pe of Gillian	USE (i.e. off	licer, c	director,
10 11 12 13 14 15	Name:  OIRECT  Name:  GIFTS Source of  TRANS Source (I)  OFFICE Busines  Name:  FINANC Name and  BUSINI Business  Transfere a undersign	Gee instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	uctions  Gift  ON, LO Address)  FORSHINAME and Busines  RESTS d Address	DURCE on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on	G, HOSPI	OME INC	check  ( See	this box.	mited to	Add Add ROFIT	mploymdress:  ) If Noruction ress:	ONE,	chec chec cuctions	Ent Construct struct k this 2) If	Circum  B box.  NONE,  page 2)	pg. 2) Constances of the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check	includin	y Westing description and	ption)	x. U	20 PAPR 30 AND 2 Value Positive emplo	in Held in Held in the street of Girls at Held in the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the stre	i.e., off	(icer, c	director,
10 11 12 13 14 15	Name:  OIRECT  Name:  GIFTS Source of  TRANS Source (If  OFFICE Business Name:  FINANC Name and  BUSINI Business Transfere e undersigned penaltice	Gee instruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	uctions  Gift  ON, LO Address)  FORSHI Name and RESTS d Address	DURCE on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on pag on	G, HOSPI	OME INC	check  ( See	this box.	mited to	Add Add ROFIT	mploymdress:  ) If Noruction ress:	ONE,	chec chec cuctions	Ent Construct struct k this 2) If	Circum  B box.  NONE,  page 2)	pg. 2) Constances of the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check to the check	includin	g descri	ption) s box inten Rela Date belie Pa.C	x. U	20 PAPR 30 AND 2 Value Positive emplo	in Held in Held in the street of Girls at Held in the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the stre	i.e., off	(icer, c	director,

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX FIRST NAME МІ 01 LAST NAME Zip Code Area Code Phone NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E Check this block if you are filing C Public Official (Current) D Public Employee (Current) A Candidate (including write-in) are amending an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B Nominee hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking held 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.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS OB Information in Blocks 8 -15 represents 2 0 Consul town disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ns. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. nφ Interest Rate Address: (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 check this block. Address Name: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (f.e., officer, director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 amploves, etc.37 Address:

Name:

Address:

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

Susiness (Name and Address)

Transfered (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the pensities prescri

Signature

THIS FO

NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

# STATEMENT OF FINANCIAL INTERESTS

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

D1 LAST NAME	FIRST NAME	MI SUFFIX
KRIER-MUMFORD	ELIZABETH	
02		
NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINAN	ICIAL ACCOUNT NUMBERS
O3 STATUS Check applicable block or blocks, more than one block may be marked		Check this block if you
A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	D Public Employee (Current) E Check this if you are fill as a solicito	ing are amending
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	, job title, etc.) seeking hold	held
A _		
!	seeking hold	held
В		
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	Nominee (e.g., dept, agency, authority, borough, board, commission	on, county, school district, twp, etc.)
* COUNTY OF MONTO	50MERY	
В		
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	ا وستا ا
Fiscal Specialist	disclosure for the calendar year listed here:	UITI
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box.	_
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	NE, check this box.	Interest Rate
Name: Address	s:	milerast izata
		OFFICIAL LICE COSTS
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	check this block.	(OFFICIAL USE ONLY)
Name: Montgonery County Address	s. P.O. BOX 311	
No.	erristum, PA 19404	P
11 GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift
Address of Source of Gift	Circumstances (Including description) of Gift	
		<del></del>
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) I Source (Name and Address)	If NONE, check this box.	Value
		TO BID
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct	tions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)		and the second second
Name: Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S		Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (	See instructions on page 2) If NONE chack this hav	7
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER ( Business (Name and Address)	(See instructions on page 2) If NONE, check this box.   Interest He Relationshi	ıld
Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the	Date Trans  best of said person's knowledge, information and belief; sai	ferred id affirmation being made subject
The undersigned hereby affirms that the foregoing information is true and correct to the to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and	id the Public Official and Employee Ethics Act, 65 Pa.C.S. §	1109(5)
Signature _	Enter Current Date	4/26/2018
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABO	IVE IS NOT COMPLETED. MAKE A COPY FOR YO	UR RECORDS.

LAST NAME			FIDS	NAME								
KULL				V E	NI	n /	\		3.7		MI	SUFFIX
		لــــــــــــــــــــــــــــــــــــــ	ل ك	V   E	14	D C	) <u>L</u>	¥	N	<u>i</u>	M	<u> </u>
DIE. IF YOU ARE INCLUDING ATTACHMENTS, DO	NOT INCLUDE ANYT	BING TH	M BEARS Y	OUR SC	CIAL	SECURI	TY NU	MBER (	OR SINA	NC:AL	ACC COR	C NUMBER
STATUS Check applicable block or blocks, more	e than one block may	be marked	1. (See instr	ictions o	n page	2)					F" : a	heck this
A Candidate (including write-in) C	Public Official (Cu	rrent) l	D 🗐 Pub	ic Emplo	oyee (C	urrent)	E	Ch	eck this	block	bi	ock if you
B Nominee C	Public Official (Fo	rmer) !	D 🛄 Pub	ic Emplo	yee (F	ormer)		if y	ou are i a solicit	iling		e amending 1 original fil
PUBLIC POSITION OR PUBLIC OFFICE (adminis	trator, member, Comr	nissioner.	iob title, etc.	) se	ekina			old	[]	held		
ASSISTANT	DIS	TR	172 !	7	* *	A (11)		ī .	T : 1			-1- 1-
	D . T   D			T		A T	T	O	RN	E	Y	1. 1.
والمرابعة والمتعارية والمتنافع والمتنافع والمتنافع والمتنافع والمتنافع والمتنافع والمتنافع والمتنافع		ger ger	** * * 1	se	eking			blo		held		
		1										
GOVERNMENTAL ENTITY in until the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of t	Official Complete C	didate - **					- * :	1	k	J 1	:	
GOVERNMENTAL ENTITY in which you are/were an C		11 ( _1	ominee (e.g.	dept, age	ncy ac	inonity, by	orough,	board, c	ommissi	on, count	y, school	district, twp,
M O N T G O M E R	Y C O	UN	TY	1		ļ		į				
			· · · · · · · · · · · · · · · · · · ·	1 7		· ṛ					· · · · · ·	- r
<u></u>	lll	L	1	<u>l.     l</u> .		<u> </u>		<u>i</u> _,		1. [		
REAL ESTATE INTERESTS (See instructions on p	age 2) If NONE, ch	eck this b	ox.									
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED	····			s box.						Interes	st Rate	
CREDITORS (See instructions on page 2). Creditor	····	If NONE		s box.						Interes	st Rate	
CREDITORS (See instructions on page 2). Creditor	(Name and Address)	If NONE	E, check thi		ns on p							SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME included the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company	(Name and Address)	If NONE Address:	E, check thi		ns on p		ILY IF N					SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME included the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company	(Name and Address)	If NONE Address: all employ	E, check thi	nstruction		ch	eck this	block.			ICIAL M	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME includ Name: MONTGOMERY COUNTY	(Name and Address) ding (but not limited to)	If NONE Address: all employ	E, check thi	nstruction		ch	eck this	block.			JOIN APR	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include	(Name and Address) ding (but not limited to)	If NONE Address: all employ	E, check thi	nstruction		ch	eck this	block.		(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME includ Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che	(Name and Address) ding (but not limited to)	If NONE Address: all employ	E, check thi	nstruction		ch	eck this	block.		(OFF	JOIN APR	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME including MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift	(Name and Address) ding (but not limited to)	If NONE Address: all employ	E, check thi	BOX 3	111 Ne	ch DRRIST	FOWN	PA 19	<del>)404</del>	(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift	(Name and Address)  ding (but not limited to)	If NONE Address: all employ Address: 2 E Al	ment. (See	BOX 3	B11 No	ch	FOWN	PA 19	<del>)404</del>	(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S	(Name and Address)  ding (but not limited to)	If NONE Address: all employ Address: 2 E Al	ment. (See	BOX 3	B11 No	ch DRRIST	FOWN	PA 19	<del>)404</del>	(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift	(Name and Address)  ding (but not limited to)	If NONE Address: all employ Address: 2 E Al	ment. (See	BOX 3	B11 No	ch DRRIST	FOWN	PA 19	<del>)404</del>	(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)	(Name and Address)  ding (but not limited to)  eck this box.	If NONE Address: all employ Address: 2 E All	RY ST PC	BOX 3	Dircums	ChORRIST	FOWN	PA 19	<del>)404</del>	(OFF	CADUR APRO	SE ONLY)
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)	(Name and Address)  ding (but not limited to)  eck this box.	If NONE Address: all employ Address: 2 E All	RY ST PC	BOX 3	Dircums	ChORRIST	FOWN	PA 19	<del>)404</del>	(OFF	APR 30 of Gift	
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN A Business Entity (Name and Address)	(Name and Address)  ding (but not limited to)  eck this box.	If NONE Address: all employ Address: 2 E All	RY ST PC	BOX 3	Dircums	ChORRIST	FOWN	PA 19	<del>)404</del>	(OFF	APR 30 of Gift	
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN A Business Entity (Name and Address)	(Name and Address)  ding (but not limited to)  eck this box.	If NONE Address: all employ Address: 2 E All	RY ST PC	BOX 3	Dircums	Check this	FOWN	PA 19	9404 nn) of Gift	Value Position employe	Held (i.e. e, etc.)	officer, direct
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME Include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN A Business Entity (Name and Address)	(Name and Address)  ding (but not limited to)  eck this box.	If NONE Address: all employ Address: 2 E All	RY ST PC	BOX 3	Dircums	Check this	FOWN	PA 19	9404 nn) of Gift	Value Position employe	Held (i.e. e, etc.)	officer, direct
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME Include Name: MONTGOMERY COUNTY  GIFTS (See instructions on page 2) If NONE, che Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (S Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN A Business Entity (Name and Address)  Name:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN Name and Address of Business	r (Name and Address)  ding (but not limited to)  BCK this box.	If NONE Address: all employ Address: 2 E At	RY ST PO	BOX 3	Directors ox.	Check this	FOWN	PA 19	ox.	Value  Value  Position employe	Held (i.e. e, etc.)	officer, direct
CREDITORS (See instructions on page 2). Creditor Name: SEE ATTACHED  DIRECT OR INDIRECT SOURCES OF INCOME included in the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp	r (Name and Address)  ding (but not limited to)  BCK this box.	If NONE Address: all employ Address: 2 E At	RY ST PO	BOX 3	Directors ox.	Check this	FOWN	PA 15  this b	ox.	Value  Position employe  Interest	Held (i.e. e, etc.)	

(3 of 4)

FEDLOAN SERVICING PO BOX 69184 HARRISBURG PA 17106-9184 **INTEREST RATE: 6.25% FIXED** 

AMERICAN EDUCATION SERVICES PO BOX 2461 **HARRISBURG PA 17105-2461 INTEREST RATE: 5.99% FIXED** 

AMERICAN EDUCATION SERVICES PO BOX 2461 HARRISBURG PA 17105-2461 **INTEREST RATE 6.28% VARIABLE** 

WELLS FARGO PO BOX 5185 SIOUX FALLS SD 57117-5185 **INTEREST RATE: 7.99% FIXED** 

CONDUENT EDUCATION PO BOX 7052 UTICA NY 13504-7052 **INTEREST RATE: 5.00% FIXED** 

COMMONWEALTH OF PENNSYLVANI

A SEC-1 REV. 01/18 STATEMEN		NANCIAL RINT NEATLY	INTERES	STS	(717) 783-161	IO+TOLL F	THICS COMMISSIO REE 1-800-932-09
01 LAST NAME		FIRST NAM	IE .			Mi	SUFFIX
KUZMICKI		$C \cap C$	λ I R (			E	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE AN	YTHING THAT	FBEARS YOUR	SOCIAL SECUR	ITY NUMBER	OR FINANCIAL A	CCOUNT	NUMBERS
03 STATUS Check applicable block or blocks, more than one block ma							
A Candidate (including write-in) C Public Official (			ployee (Current)	r 🗆 a	h 1 - 4 - 1 - 1 - 1		ack this ck if you
B Naminee C Public Official (			ployee (Current) ployee (Former)	if	heck this block you are filing	are	amending original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Co			seeking	hold	a solicitor		
AHPOITH Educat				/ nom	held	1	TT
THE WITH IT IL TO WILL WITH	LIUK						
_			seeking	hold	held	<del>-   -  </del>	<del>                                     </del>
В				<u> </u>			
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Ca	andidate or Non	ninee (e.g., dept, a	agency, authority, t	orough, board,	commission, county	y, school di	strict, twp, etc.)
^ Montgomery (c	Jun	ty					
В							
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SE	E INCTRICTO				
Leath Educator		Information	E INSTRUCTION in Blocks 8 -15 n	epresents	2 0 1	7	
TLOSS STORES			or the calendar y	ear listed here:		<u> </u>	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, 4	check this box	× /					
09 CREDITORS (See instructions on page 2). Creditor (Name and Address	ss) If NONE,	check this box					
NameHUMINGTON NYL BANK	Address	1 Murse		<u>lumbus</u>			n · 1
<u>Fedloaň Servicing</u>	<u> PU B(</u>	JX 6915	84, 17 WI	<u>iSbur</u>	1.1/h 5	10, 4	4 7.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited	to) all employme	ent. (See instruc		NLY IF NONE,` neck this block	(OFF	ICIAL US	E ONLY)
Name Montlo Health Dept.	Address:	14301	Dekal	b St.			
	, NCK	ISTUW	n PA	1940	<u> </u>		
11 GIFTS (See instructions on page 2) If NONE, check this box.					<del> </del>	6.5	
Source of Sirk				7 1	Value	of Gifto	
Address of Source of Gift	<u> </u>		<u> </u>				
			Circumstances (ir	iciuairig aescripti	on) of Gift		•
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on Source (Name and Address)	page 2) If NC	ONE, check this	box. 🛛	-	Value	72	
						<b>7</b>	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (S	See instructions	s on page 2) If	NONE, check th	is box.	Position employe		fficer, director,
Business Entity (Name and Address)					employer	e, etc.,r	
Name  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR F	Address:	instructions on n	age 2\ If NONE	, check this t	Interest l	-laid/ia 59	%, 10%, etc.)
Name and Address of Business	1110111 (000)	matrucuona on p	age 2) II NONI	i, check tills i	J. Moloski	rodo (i.e., o	10, 10, 410.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY M	AEMBED (Co.	landarindin	0) (61101	<b>-</b>			
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY M Business (Name and Address)	NEMBER (500	instructions on	page 2) If NON	E, check this tn	box.		
Transferee (Name and Address)	·			D	eletionship ate Transferred		
The undersigned hereby affirms that the foregoing information is true and conto the penalties prescrib	rect to the best	t of said person's ublic Official a	s knowledge, info and Employee Et	rmation and be hics Act, 65 Pa	elief; said affirmati .C.S. §1109(b).	on being r	nade subject
Signature _	OK A F THE			ter Current Da			2018
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLO	~∠ AROAE I	IS NOT COMP	LEIED. MAK	E A COPY F	UR YOUR REC	ORDS.	

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

LAST NAME	FIRST NAME	MI SUFFIX
LAFFERTY	BRIOGET	M
	Chair 7in Code	Area Code Phone
TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block may be market		Check this
A Candidate (including write-in) C Public Official (Current)	D Public Employee (Current) E Check this if you are	filing are alliending
B Nominee C Public Official (Former)	D Public Employee (Former) as a solici	
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	r, job title, etc.) seeking X hold	held
SEE ATTACHMENT		
to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	seeking hold	held
	National Act account authority borough board committee	sion county school district two et
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or	Nominee (e.g., dept, agency, authority, burough, coard, continus	Sion, Souriey, Solidor district, twp, or
SEE ATTACHMENT		
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
Second Deputy	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check thi		
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all em	ployment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
	ess SEC ATTACHMENT	
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 (	CD # ***
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box.	Value
Source (Name and Address)		3 Jan. 1
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instru	uctions on page 2) If NONE, check this box.	Rosition Held (i.e., officer, direct
Business Entity (Name and Address)		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
Name Addres  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	988	Interest Hell Que., 5%, 10%, etc
Name and Address of Business	,	1
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	(See instructions on page 2) If NONE, check this box.	<u> </u>
Business (Name and Address)	Interest Relation	Held ship
Transferee (Name and Address) e undersigned hereby affirms that the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information is true and correct to the foregoing information in the foregoing information in the foregoing information in the foregoing information in the foregoing in the foregoing information in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the foregoing in the for	he hest of said person's knowledge, information and belief;	ansferred said affirmation being made sub
e undersigned hereby affirms that the foregoing information is true and correct to a the penalties prescribed by 18 Pa C.S. §4904 (unsworn falsification to authorities)	and the Public Official and Employee Ethics Act, 65 Pa.C.S	. §1109(b).
Signature _	Enter Current Date	4/9/18
THIS FORMES CONSIDERED DEFICIENT IF ANY BLOOK AS	OVE IS NOT COMPLETED. MAKE A COPY FOR	YOUR RECORDS.
-	(3 of 4)	<del></del>

## <u>Bridget M. Lafferty</u> <u>2017 Statement of Financial Interests – Attachment</u>

- 04. PUBLIC POSITION OR PUBLIC OFFICE
- (a) Public Position HOLD Second Deputy
- **05. GOVERNMENTAL ENTITY**
- (a) Montgomery County Treasurer's Office
- 10. DIRECT OR INDIRECT SOURCES OF INCOME
- (a) County of Montgomery
- 425 Swede Street, P.O. Box 311, Norristown PA 19404-0311

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

A M B R U G O
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.  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 (Current) D Public Employee (Current) E Ghock this block if you are filing as a solicitor are mending an original filing.  4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held  5 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, country, school district, twp, etc.)  6 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, country, school district, twp, etc.)  6 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, country, school district, twp, etc.)  6 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, country, school district, twp, etc.)  7 YEAR SEE INSTRUCTIONS 1 Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:  9 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  10 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  11 Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:  12 O I TORK (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  13 JAGA I TORK (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  14 JAGA I TORK (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  15 JAGA I TORK (See instructions on page 2) Creditor (Name and Address) If NONE, check this
STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E I you are filing as a solicitor  B Nominee C Public Official (Current) D Public Employee (Former) Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking Seeking
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor are amending an original filling Public Position OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Cardidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county, school district, twp, etc.)  A M O N T G O M E R Y C O M N T Y  B COUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS indicrements of instructions on page 2) If NONE, check this box.  OF YEAR SEE INSTRUCTIONS  Information in Blocks 3 -15 represents indisclosure for the calendar year listed here: 2 0 1 7  OR REAL ESTATE INTERESTS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  Address: PO 130 X 91300 Model Interest Rate  1.99 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  OF FICIAL USE ONLY)  OF FICIAL USE ONLY)
POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR POSITION OR PROFESSION (This may be the same as block 4)  OF CCUPATION OR PROFESSION (This may be the same as block 4)  OF CREDITORS (See instructions on page 2) If NONE, check this box.  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey)  OF CREDITORS (See instructions on page 2) Creditor (Name and Address: Policy Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Su
Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Note of the called a seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hold held  Seeking hol
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)  A M O N T G O M E R Y C O U N T Y  B  OCCUPATION OR PROFESSION (This may be the same as block 4)  OT YEAR SEE INSTRUCTIONS.  Information in Blocks 8-15 represents disclosure for the calendar year listed here:  2 0 1 7  OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  OF CREDITORS (See instructions on page 2) Creditor (Name and Address)  Interest Rate  1 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MONTGOMERY COUNTY  B  OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  OB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2). Creditor (Name and Address)  OF CREDITORS (See instructions on page 2).
OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  OB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  OB CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: Valvo Cav Financial Samus Address: Policy 913co Indoor HL  1.9%  OFFICIAL USE ONLY)
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  OPERATOR (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  Address: Po Box 913co Instructions on page 1 1.9%  Interest Rate  1.9%  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  OPERATOR (See instructions on page 2) Creditor (Name and Address) If NONE, check this box.  Address: Po Box 913co Instructions on page 1 1.9%  Interest Rate  1.9%  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.  OPERATOR INDEPECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on page 2) ONLY IF NONE.
disclosure for the calendar year listed here:    Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calendar year listed here:   Comparison of the calen
OPECT OF INDIFFCT SQUECES OF INCOME including (but not limited to) all employment. (See instructions on page 2) Creditor (Name and Address)  If NONE, check this box.   Address: Po Box 913co [Mobile H]  1.9%  OPECT OF INDIFFCT SQUECES OF INCOME including (but not limited to) all employment. (See instructions on pag. 2) ONLY IF NONE.
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. V Source of Gift Value of Gift
Address of Source of Gift Circumstances (Including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value  Source (Name and Address)
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
l l
Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Interest Hold Relationship
Business (Name and Address)  Transferee (Name and Address)  The undersigned brooks and the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject
Business (Name and Address)  Interest Hold Relationship  Transferee (Name and Address)  Date Transferred

## STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.  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 (Current) D Public Employee (Current) E Check this block if you are fling as a solicitor or enabling an original film.  4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold h
NOTE: 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 Public Official (Current) D Public Employee (Current) E Check this block if you are fling so a solicitor. The public Official (Former) D Public Employee (Former) as a solicitor or expension of the public Official (Former) D Public Employee (Former) as a solicitor. The public Public Propriet (Former) as a solicitor or expension or signal film.  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking hold held seeking ho
OTE: 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 Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor. The seminding are employed as a solicitor. The seminding are employed as a solicitor. The seminding are original filing.  PUBLIC POSTITION OR PUBLIC OFFEE (administrator, member, Commissioner, job title, etc.)   seeking   hold   held    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.)  OCCUPATION OR PROFESSION (This may be the same as block 4)   07 YEAR SEE INSTRUCTIONS, Information in Blocks 8-15 represents disclosure for the calendar year listed here.   2 0 1 7    REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.   16
STATUS Check applicable blocks or blocks, more than one block may be marked. (See instructions on page 2)  A
STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing an original filing.  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold neid  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held  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.)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OFFICIAL USE ONLY)  Information in Blocks 8 - 15 represents disclosure for the calendar year listed here.  OCCUPATION OR PROFESSION (This may be the same as block 4)  OFFICIAL USE ONLY)  Information in Blocks 8 - 15 represents disclosure for the calendar year listed here.  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OFFICIAL USE ONLY)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OFFICIAL USE ONLY)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same as block 4)  OCCUPATION OR PROFESSION (This may be the same a
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending an original filing. Public Position of Public Official (Former) D Public Employee (Former) B soeking Nominee of you are filing an original filing.  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking Now hold held Seeking Now hold held Seeking Now hold held Seeking Now hold held Seeking Now hold held Seeking Now hold held Seeking Now hold held Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now Hold Now H
B   Nominee   Public Official (Former)   D   Public Employee (Former)   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   Solicitor   S   S   S   Solicitor   S   S   S   Solicitor   S   S   S   Solicitor   S   S   S   S   Solicitor   S   S   S   S   S   S   S   S   S
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)   seeking   hold   held
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, et M O N T & O M E Q Y C O U N T Y SEE INSTRUCTIONS.  Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:    CREDITORS (See instructions on page 2)   If NONE, check this box,
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, et M O N T & O M E Q Y C O U N T Y  OCCUPATION OR PROFESSION (This may be the same as block 4)  Finance  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name Chance  Son Andreas:  Address:  OTYPER SEE INSTRUCTIONS.  Information in Blocks 8 - 15 represents  disclosure for the calendar year listed here:  2 0 1 7  INTEREST (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box, Delance  Address:  Address:  OFFICIAL USE ONLY)  Address:  GIETS (See instructions on page 2). If NONE, check this box.  GIETS (See instructions on page 2). If NONE, check this box.  GIETS (See instructions on page 2). If NONE, check this box.
GOVERNMENTAL ENTITY in which you arelwere an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp, et  MOWTHOMEQYCOUNTY  OCCUPATION OR PROFESSION (This may be the same as block 4)  Figure  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box,  Address:  White instructions on page 2). Creditor (Name and Address)  If NONE, check this box,  Address:  White instructions on page 2). ONLY IF NONE, check this box.  If NONE, check this box,  Address:  Address:  GIETS (See instructions on page 2). If NONE, check this box.  GIETS (See instructions on page 2). If NONE check this box.  GIETS (See instructions on page 2). If NONE check this box.  GIETS (See instructions on page 2). If NONE check this box.
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, et  MONTON EQUINTY  OTYEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  REAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name. Chape Bank  Address: White in the calendar year listed here:  IST AND LO TOLIC  Interest Rate  OFFICIAL USE ONLY)  Address:  Address: White indications on page 2). ONLY IF NONE, check this block.  Address: White indications on page 2). OFFICIAL USE ONLY)  Name. Address: White indications on page 2). If NONE, check this block.  GIETS (See instructions on page 2). If NONE check this box.
OCCUPATION OR PROFESSION (This may be the same as block 4)  Of YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Address:  What Address:  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:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:
OCCUPATION OR PROFESSION (This may be the same as block 4)  Of YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  PREAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, I have the calendar year listed here:  ORDITORS (See instructions on page 2). I have the calendar year listed here:
OCCUPATION OR PROFESSION (This may be the same as block 4)  OT YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7  REAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address). If NONE, check this box, Address:  Name: Chase Bank  Address: Valma Address  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:  Address:  Address:  OFFICIAL USE ONLY)  CIETS (See instructions on page 2). If NONE check this box.  Address:  OFFICIAL USE ONLY)
OCCUPATION OR PROFESSION (This may be the same as block 4)  OT YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  PREAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Address:  What Address:  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:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:
OCCUPATION OR PROFESSION (This may be the same as block 4)  O7 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name. Chase Bank  Address: Without glibro De form  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box,   Name: Check Bank Address: Valuation Delactor (Name and Address) If NONE, check this box,   Interest Rate  IS 7 Interest Rate  IN 9  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.   Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box,   Name: Chance Bank Address: Valuation Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delactor Delac
Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box,   Name: Check Bank Address:   Address:   Address:   Definition on page 2). Creditor (Name and Address) If NONE, check this box,   Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate
CREDITORS (See instructions on page 2)   If NONE, check this box.
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box, I Interest Rate  Name: Chaze Bank Address: Valuation Delaration Interest Rate  U.S.A.A. 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: Address: Check this block.  OFFICIAL USE ONLY)  CRETS. (See instructions on page 2). If NONE check this box.
CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: Chaze Bank  Address: Valor in the Delact  Son April 2010  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:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  A
CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: Chaze Bank  Address: Valuring Inn. Dalor Interest Rate  Address: Valuring Inn. Dalor  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: Address: Company of the check this box.  Address: Chaze Instructions on page 2). If NONE check this box.
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:  GIETS (See instructions on page 2) If NONE check this box
Name:  Address:  Address:  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.  Cleck this block.
GIFTS (See instructions on page 2). If NONE check this box
GIFTS (See instructions on page 2). If NONE check this box
GIFTS (See instructions on page 2) If NONE, check this box.
GIFTS (See instructions on page 2) If NONE, check this box.
Address of Source of Gift Circumstances (including description) of Gift
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)
Design Held to a effect the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director employee, etc.)
Business Entity (Name and Address)
Business Entity (Name and Address)  Name:  Address:
Business Entity (Name and Address)  Name:  Address:
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. It interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  If NONE, check this box.  Interest Held (I.e., 5%, 10%, etc.)  Interest Held (Relationship)
Business Entity (Name and Address)  Name  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Business (Name and Address)  Business (Name and Address)  Transferee (Name and Address)  e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subjections.
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Profit (See instructions on page 2)  If NONE, check this box.  Interest Held Relationship Date Transferred
Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Business (Name and Address)  Business (Name and Address)  Transferee (Name and Address)  Business (Name and Address)  Transferee (Name and Address)  Business (Name and Address)  Transferee (Name and Address)  Business (Name and Address)  Date Transfered  Business (Name and Address)  Business (Name and Address)  Date Transfered  Business (Name and Address)  Business (Name and Address)  Date Transfered  Business (Name and Address)  Business (Name and Address)  Date Transfered  Business (Name and Address)  Business (Name and Address)  Date Transfered  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)

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

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV 01/18 PLEASE PRINT NEATLY FIRST NAME SUFFIX 01 LAST NAME KFORD 5 Μ E M A N ADDRESS NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you C Public Official (Current) D Public Employee (Current) Check this block Candidate (including write-in) are amending if you are filing an original filing B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor  $\overline{\mathbf{x}}$ PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) Μ N otin 
ablaA seeking hold 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.) 05 07 YEAR SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 2 0 Auromobile Business disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Name LANCFORD AUTOMOTIVE DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address: 405 Keystone Blod, Pottstown PX 19464 Name: LANKFORD AUTOMOTIVE 405 Koystone Blut, Pottstown, PA 19464 Heritige Coach Co GIFTS (See instructions on page 2) If NONE, check this box. ∵Value of <del>Gilt</del> Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) Address: 405 Reystone Blue Potte town PA 19464 TROS CE O Name: Heritage Conch Co. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) 100%, 100% LANKFORD Automotive, Horitage Coach Co. BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transferee (Name and Address) Date Transferred st of said person's knowledge, information and belief; said affirmation being made subject The undersigned hereby affirm ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescribed by

Enter Current Date __

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME         FIRST NAME         MI SUFFIX           L A T Z E R         S T E V E N
02	ADDRESS office (business or governmental) or home  City  State Zip Code Area Code Phone
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)  Check this block if you block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending an original filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member. Commissioner, job title, etc.) seeking hold held
A	DEPUTY DISTRICT ATTORNEY
L	seeking hold held
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	MONTGOMERY COUNTY
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	eputy District Attorney    Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:   2 0 1 7
 0в	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name Address Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	P.O. Box 311, Norristown, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box.
	Source of Gift Value of Gift
	Address of Source of Gift Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No. 1200 No.
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Position Held (i.e., officer, director, employee, etc.)
	Name: Address:
	EINANCIAL INTEREST IN ANY LEGAL ENTITY IN RUSINESS FOR PROFIT (See instructions on page 2). If NONE check this hox. III Interest Held (i.e., 5%, 10%, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
14	FINANCIAL MITEREST IN ART LEGAL ENTITY IN DOGINEES OF COLUMN CONTROL OF PAGE 1
15	Name and Address of Business  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
15	Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Interest Held Relationship
15	Name and Address of Business  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)  Undersigned hereby affirms that the foregoing information is truefood correct to the best of said person's knowledge, information and belief; said affirmation being made subject

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

P	PLEASE PR	INT NEATI	_Y					(, 1,	763-10	IOVIOLL	FREE 1-800-9
LASTNAME		FIRST	MAME			,				MI	SUFFIX
L A V E N B E R G	<u> </u>	D O	U	G	L A	S	3		. ]	] <u>[</u> H	
TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYT	THING THAT	BEARS YO	our so	OCIAL S	CURIT	Y NU	MBER OR	FINAI	ICIAL	ACCOU	IT NUMBER
STATUS Check applicable block or blocks, more than one block may	be marked.	(See instruc	tions o	on page 2	 !)						heck this
A Candidate (including write-in) C Public Official (Cu B Nominee C Public Official (Fo	<b>,</b>			oyee (Cu oyee (Fo		Ε	if you	c this I are fil solicito	ing	b	lock if you re amending n original fil
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Come	missioner, jo	b title, etc.)	s	eeking			hold		held		•
A S S I S T A N T D I S	TR	I C	Т	P	T	Т	O R	N	E	Y	
			☐ 8·	eeking			hold		held		
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Can	ididate or Non	ninee (e.g., d	ept, ag	ency, auti	ority, bo	rough	, board, com	missic	n, cour	nty, school	district, twp,
MONTGOMERY CO	U N	TY						T			
		1 1			<u> </u>	· 		i	1		
								<u> </u>	<u> </u>		
OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR Inform		INSTRU Blocks			nts [	<u> </u>	$\overline{}$		7
ssistant District Attorney				the cale				2	0	1 7	
CREDITORS (See instructions on page 2). Creditor (Name and Address Name: Mazda Capital Services		, check this P.o. Box			'h. a.	<u>Α</u> :	7 4504		Inter	Rate	Hor
FedLoan Servicing		3661 3661							• •	20	7.0%
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to	o) all employm	nent. (See ir	structi	ons on po			NONE,	9	(OF	EISIAL I	JSE ONLY)
Name: Montgomery County District Attorney's Office	Address:							크	ه د مسید د د د		and the second state of
	P.O. E	30x 311,	Norr	istowr	, PA	1940	04	<u> </u>		<u>ö</u>	الله أنه الم المحمد المدار ال
GIFTS (See instructions on page 2) If NONE, check this box.				-				Ų.	: Va)	Due of Gift	in the second
Address of Source of Gift	,	1		Circumst	ances (in	cluding	description)	of Gift			•
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on p	page 2) If N	IONE, chec	k this	box.	]		<u></u>	· · · · · ·	Value	·····	
Source (Name and Address)	<u></u>					]	Г	<del>-</del> T-	Τ_	<del></del>	
AND DESCRIPTION OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER		<u> </u>	\ IS B	IONE A	ook thi				Positio	on Held (i.e	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (Se Business Entity (Name and Address)	ee instructior	is on page 2	∠) IT N	IONE, 61	IOCK (N	e nox	• ( )			yee, etc.)	
Name:	Address:			20.2	AMONE	. aha	ak this has		Intere	st Held (i e	., 5%, 10%, et
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PINAME and Address of Business	ROFII (See	insuucuon:	s on pa	ige z)	NONE	, cne	CK UIIS DO				., •
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY ME	EMBER (Se	e instruction	s on p	age 2)	If NON	E, ch					
Business (Name and Address)  Transferee (Name and Address)							Rela	est Hel- tionship Transf	,		
reasserse (warme and Address)  Indersigned hereby affirms that the foregoing information is true and corresponding prescri	ect to the be	st of said pe	rson's ficial a	knowled	ge, info	rmatio	on and belie	f; said	affirm	ation bei	ng made sui
							urrent Date		125 125		
Signature THIS FC		IS NOT C	OMP	LETED							3.
, and the	J (3 (										

Additional Creditor (Box 9):

Name:

Address:

Bank of America

Bank of America, P.O. Box 982235, El Paso TX 79998-2235

Interest Rate:

13.65%

## STATEMENT OF FINANCIAL INTERESTS

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

	***************************************				
	T		N L	AI SI	JFFIX
UMBER	OR FI	NANCIA	'L' ACCO	UNT NU	JMBERS.
·				Check	
if	if you are	re filing	(	are am	n you lending Jinal filing
hold	[		——— ч	-	
1=	4	ř	10	<u> </u>	Coni
hold		heir	<u>: 11&lt; 1</u> d		) 1-1-1
gh, board	 1, ∞mmi	ission, co	ounty, sch	ool distri	ct, twp, etc.)
sents sted here	e: 2	2 0	15	<b>7</b>	
		In	iterest Rat	te	
		<u></u> ('	OFFICIA	L USE (	ONLY)
this bloo	ck. L_j	]			
38			_		
•		• 1		<u>ತೆ</u> ಪ	: <u>.</u>
	<u> </u>		/alue or gr	ĪГ	FE
ling descri	iption) of	Gint	تا ت	<b>ず.</b> し.	
		100	til v 		r 1
		Value			* · · · · · · · · · · · · · · · · · · ·
***	· ·	Value	HT.	.Y I	: 4 4
			sition Hold	<u> </u>	التواديد التواديد
ох. []		Pos		(i.e., offic	er director.
<u>-</u>		Pos	sition Held iployee, etc	c.)~	
<u>-</u>		Pos	sition Held iployee, etc	c.)~	er director.
<u>-</u>	is box.	Posemp	sition Held iployee, etc	c.)~	
heck this	is box.  Interest Relation Date Tri	Pos emp	sition Held inployee, etc.	c.)	
heck this	is box. Interest Relation Date To	Pos emp	sition Held inployee, etc. erest Held in	c.)	10%, etc.)
	hold hold hold sents sted here	Check the figure of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first o	Check this block if you are filing as a solicitor  hold held held  hold held  hold held  gh, board, commission, co  sents sted here: 2 0	Check this block if you are filing as a solicitor  hold held  hold held  ph, board, commission, county, sch  sents sted here: 2 0  Interest Rat  Value of Git  Value of Git  Ing description) of Gift	Check this block if you are filing as a solicitor  hold held  hold held  ph, board, commission, county, school districted here:  If NONE, this block.  Value of Gift  Value of Gift  Value of Gift

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

PLEASE PRINT NEATLY FIRST NAME ΜI **SUFFIX** 01 LAST NAME NN N **ADDRESS** 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you C Public Official (Current) D Public Employee (Current) E __ Check this block Candidate (including write-in) are amending if you are filing an original filing C Public Official (Former) D ___ Public Employee (Former) B Nominee as a solicitor 🔀 hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held seeking hold held 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.) 05 M OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS 06 Information in Blocks 8 -15 represents 0 Commissioner disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: <del>__</del> (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Name: Temple University GIFTS (See instructions on page 2) If NONE, check this box. ound paning Value **6₽**ift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box. 📉 13 employee, etc.) Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box: Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties prescr Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

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

	PLEASE PRINT NEATLY
01	LAST NAME MI SUFFIX
	LEAVITT-GRUBER ANNE
NC	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 you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing are amending
_	B Li Nominee C Li Public Official (Former) D Li Public Employee (Former) as a solicitor
04 . [	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	
ſ	
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.)
А	Montaomery County Planning Comm.
, 	
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
	information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 1 8
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address:
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
10	check this block.
	Name: Montgoinery County Address: POBOX 311 Norn stown, PA 19404 & Marie Stown, PA 19404
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Gift
	Address of Source of Gift  Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
	Source (Name and Address)
13	Dealt - Unid // a affine dispator
	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Postion Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)  Name: Ard more Initiative  Address: 56 Lan Caster Ave, Ardmore member
14	DEFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of page 2) If NONE, check this box.    Name: Address: 56 Lan Caster Ave, Admore member member
14	Business Entity (Name and Address)  Name: Ard more Initiative  Address: 56 Lan Caster Ave, Ardmore member
14	DEFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of page 2) If NONE, check this box.  Name: Address: 5b Lan Caster five, Administrative pending hourd  Name: Address: 5b Lan Caster five, Administrative pending hourd  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Districtions on page 2) If NONE, check this box.  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
_	DEFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of page 2) If NONE, check this box.  Name: Address: 5b Lan Caster Ave, Admore members  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  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Interest Hold Relationship
15	Business Entity (Name and Address)  Name: Address: 5b Lan Caster Ave, Address Pending Sound  Name: Address: 5b Lan Caster Ave, Address Pending Sound  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  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)  Transferee (Name and Address)  Transferee (Name and Address)
15	Business Entity (Name and Address)  Name: Address: 5b Lan Caster five, Address: Pending Sound  Name: Address: 5b Lan Caster five, Address: Pending Sound  Name: Financial interest in any Legal Entity in Business for Profit (See instructions on page 2) If None, check this box. Interest Held (i.e., 5%, 10%, etc.)  Business (Name and Address)  Business (Name and Address)  Financial interest Held (i.e., 5%, 10%, etc.)  Business (Name and Address)  Financial interest Held (i.e., 5%, 10%, etc.)  Business (Name and Address)  Financial interest Held (i.e., 5%, 10%, etc.)  Business (Name and Address)
15	Business Entity (Name and Address)  Name: Address: 56 Lan Caster Ave, Address Pending Doard  Name: Address: 56 Lan Caster Ave, Address Pending Doard  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  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)  Transferee (Name and Address)  Transferee (Name and Address)

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

										PLE	ASE	PRIN	T NEA	TLY		-111	_0			(7	17) 783	-1610 •	TOLL F	REE 1	-800-932-(
01	LAST NA		<u>-   -                                 </u>	<u></u>	Т		1		T	· ·			FIRST	NAN	ME	7			<del></del>				MI	SUF	FIX
	L E	SH	E 1	2			<u> </u>						10	<u>۱</u> (	<u>၂</u>								A		
N	OTE: IF YOU	ARE INCLU	DING A	TTACH	MEN1	rs, do	D NOT	FINCLU	JDE AN	IYTHIN	IG TH	IAT B	EARS Y	OUR	SOCIA	L SEC	uri	TY NU	IMBEI	OR FIN	ANCIA	L ACC	· CULINIT	· All IRa	
03		Check app																			ANGIA	T. ACC			
	а 🗌	Candidate (				С		oublic C					Pub			_	nt)	Е		Check th	is block	L	blo	eck th ck if y	/ou
	в	Nominee			·	С	F	Public C	Official (	Forme	r)	ь[			ployee					if you are as a solic	filing			amer origin	iding al filing
04	PUBLIC PO		RPUBL	IC OFF	ICE (a	admini	strato	r, mem	ber, Co	mmiss	ioner	, job t	itle, etc.	) 🔲	seekir	ng .		W	hold		held	i			
Α	ENN	) 14 (	८०	W	М	€	μ	$\tau$	4 6	-	{	2 ر	A	N	1	$\epsilon$	R								
						f	<u>-</u>	Г		· · · · · · · · · · · · · · · · · · ·		<del></del>			seekir	g			hold		helo	1			
В															<u></u>										
05	GOVERNMI	ENTAL ENT	ITY in w	hich you	are/w	ere an	Officia	al, Empl	oyee, C	andidat	e or N	Nomine	e (e.g.,	dept, a	agency,	authori	ty, bo	rough.	board	l, commis	sion, co	unty, so	chool di	istrict,	twp, etc.)
Α	M 0 1	J 7 6	<u>ن</u> د	N	E	R	7		C	2 U	, <u>,</u>	) t	4		ρ	L	A	Ŋ	N	1 1	) 6		(	6	M.
в												T		T				l				1			
06	OCCUPATI	ON OR PRO	DEESSI	ON (Th	is ma	v he th	ne san	me as h	Jock 4)			10-	YEAR		EE INS	PUCT	1011	<u> </u>				<u> </u>	<u>. L</u>	<u> </u>	
	ENV.RUNME				io ma	,	10 3011	110 43 0	,100K +)			10,	inform	nation	in Bloc	ks 8 -1	5 rep	oreser		. 2	0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8		
08	REAL ESTA				ruction	ns on I	page :	2) If I	NONE.	check	this I	box.		Sure I	for the o	alenda	ır yea	ar iiste	a ner	): <u></u>					
		McCLE										ાપ્8													
09	CREDITOR	S (See instr	uctions	on page	2). 0	Credito	or (Nar	me and	Addre	ss) If			eck this	s box	. 🗍										<del></del>
	Name: - b	NON F	(WKHC	CLAC					-	A		-	Bu.		•						Inte	erest Ra	ate		
10	DIRECT OR	INDIDECT	OUBC	-C OF II	10011	IC :!							NEC												
,,,	DIRECT OR																che	ck thi	is bloo	k.	(C	PFICI	AL USI	E ON!	LY)
	Name: Mor																					~			
11	IZS M										( <u>0</u> )	- / \	רהית	يلب	<u> </u>	1416	. 6.	4 (0	114	) 		=======================================		Carrena	-
Г	Source of Gift	1 - 1		J - , .		,					<del></del>			· · · · · · · · · · · · · · · · · · ·		· r						lue of	Sift -	(	i.
	Add-11-16		Ш.											<u> </u>							) -   - 			y 44	
	Address of Sour															nstance	s (incl	luding	descrip	tion) <b>əf</b> ,Ği		II.		r in a 100 su Lingui puesti Lingui puesti	
12	TRANSPOR Source (Name	TATION, Lo	ODGIN(	G, HOSI	PITAL	LITY (	(See in	nstructi	ons on	page 2	?) <b>If</b>	NON	E, chec	k this	s box.					罗	Value	Ö			i
L																				(				· variet	
13	OFFICE, DIF Business En	RECTORSH tity (Name ar	IIP, OR I	EMPLO	YMEN	NT IN	ANY E	BUSIN	ESS (S	See ins	tructio	ons or	n page 2	2) <b>If</b> I	NONE,	check	this	box.	V			on Held		ficer, d	lirector,
	Name:									Add	ress:											•			
14	FINANCIAL Name and Add	INTEREST ress of Busin	IN ANY							PROFI	r (Se	e insi	tructions	on p	age 2)	If NC	NE,	chec	k this	box. 🗸	Intere	est Held	(i.e., 5%	%, 10%	, etc.)
																					ı				
15	BUSINESS I Business (Nam			SFERRI	ED TO	MMI C	EDIA	TE FA	MILY M	EMBE	R (S	ee ins	struction	s on p	page 2)	If N	ONE,	, chec		L					
	Transferee (Na		•																1 1	nterest He Relationsh Date Trans	р				
The	undersigned h	ereby affirm	s that th	ne fored	-1		ation i	is true s	and cor	rect to	the b	est of	said pe	rson's	knowl	edae i	nforn	nation	and b	oliofi ani	d office	ation i		nade s	subject
io in	e penalties pre			no noreg	oing i	intorm	falsif	fication	to auth	orities)	and	the P	ublic Of	ficial a	and Em	ployee	Ethic	cs Act	65 P	a.C.S. §	109(b)	).	eing n		
io ui	e penaities pre Signa				oing i	intorm	i falsif	fication	to auth	orities)	and	the P	ublic Of	ficial a	and Em	ployee	Ethio	cs Act	65 P	a.C.S. ∮′	109(b)	). -	_		

ION 1936

STATEMENT OF FINANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSI (717) 783-1610 • TOLL FREE 1-800-932-09
PLEASE PRINT NEATLY	

01	LAST NAME FIRST NAME MI SUFFIX	,
	LOVIATE Barbash Aliba IP	ļ
02	ADDRESS - 16 - 16 - 16 - 16 - 16 - 16 - 16 -	
-NC	OTE: 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	-
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are filing an original filing	g
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	_
Α	Assistant Sulicitor	
	seeking hold held	_
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, et	c.)
Α [	Montgomery County Solicitor	
в		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.	_
	After we listed here: 2 0 / 7	_
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
	2	_
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
	Name: Grait (all)  Educational (lây)	
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: Puratos  Address: 8030 Nationa' thry  Pennsauken NJ 08110	
	Pennsauken NJ 08110 🗮	_
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Gift	
	Address of Source of Gift  Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	
-	Source (Name and Address)	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director employee, etc.)	<u> </u>
	Business Entity (Name and Address)	
14	Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)	_
	Name and Address of Business	
15		_
	Business (Name and Address)  Interest Held Relationship Date Transferred (Name and Address)	
The	Transferee (Name and Address)  Date Transfered  e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subjet the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b).	ct
	3 28-18	
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.	

# STATEMENT OF FINANCIAL INTERESTS

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

01	LAST N	AME	<u>. 71</u>	_	-1	-	T" 1			Τ	1 [	FIRST N	AME	1/	Τ	Τ-	Τ Τ		T	— r	MI	SUFFIX	<del>-</del> -1
	LE	$\bot V \bot$	ΥL					LL	l		<u> </u>	<u>171/t</u>		KL	<u> </u>	<u></u>					<u>/′U</u>		<u></u>
02			<u> </u>				- bom			City					Sta	ate	ZID C	ode	Are	a Code		Phone	
																					01	416 68 48 -	DC
NOT	TE: IF YOU	JARE	NCLUDI	NG ATT	ACHME	NTS, DO	NOT	NCLUDI	EANYT	HING 1	гнат ве	ARS YO	UR SOC	CIAL SE	CURIT	Y NUN	ABER (	OR FIN	IANCI	AL ACC	OUNT	NUMBE	KS.
03	STATUS	Che	ck applica	able blo	ck or blo	ocks, mo	re than	one blo	ck may	be mar	ked. (Se	e instruct	ions on	page 2)	ı	_	_					ck this	
	A [	Candi	date (inc	luding v	vrite-in)	c)	PI	ublic Offi	cial (Cu	rrent)	ρĘ	3		ee (Cur		E		neck th			are	ck if you amendir	ıg
	в	Nomi	nee			С	∐ Pi	ublic Offi	cial (Fo	rmer)	рĹ	Public	Employ	ee (Fori	mer)	<del>.</del>		a solid			an	or <del>i</del> ginal 1	iiing
04	PUBLIC	POSITION	ON OR P	UBLIC	OFFICE	(admini	strator	, membe	r, Comr	nission	er, job tit	le, etc.)	see	king	т		old	<u>L</u>	_ he	ld	1	1 1	1
A	() R	υĪ	L   I+	0	ر ام	UT	4	Ry											]_		Ш.		
•	* <u>h</u>								1			[	see	eking		□ r	nold		he	eld			
вГ				TI	- ]				<u> </u>														
		i. I										1										ictrial h	
05 [	GOVERN	MENTA	L ENTIT	in whice	h you an	e/were an	Officia	i, Employ	ee, Can	didate d	or Nomine	e (e.g., de	ept, ager	ncy, author	ority, bo	rough,	poard,	∞mmi:	ssion, i	county, S	criooi a	istrict, tW	J, <del>e</del> (C.)
Α _																	L						
в	m o	Δ	TG	ن -	mE	- R	4	(	0	U	N -	ГЧ											
06	OCCUP/	ATION (	OR PROI	FESSIO	N (This	may be t	he san	ne as blo	ck 4)		07	YEAR	SEEI	NSTRU	CTION	s				,	, , ,		
	Do	_o7	Ho	. a .~	TA	20	ı							Blocks 8 the caler				2	2   0	) [	7		
ne	REAL ES							2) If No	ONE. cl	neck th	is box.												
08	KEAL E	JIM IE	14 12KE	- i - (36	ae manu	JULIO I I I I	epage.	~; II I <b>V</b> I		.oon W		A-24											
													. г										<del></del>
09	CREDIT			-	_	2). Credit	tor (Na	me and /	Address くょつご	i) IfN	ONE, ch	eck this	] .xoa ک. X	34:	3104	-UEN.	/i> /	12	ĺ	Interest F	Rate		
	Name. V					 	1	(	ATTA	Apa (Hirth)	ress:	36	$u_{I}$	$\frac{1}{2} = 0$	14.1. 14.1	 مرانا		. <u></u>	− /(ka		× 7	<b>6</b>	;
10	DIRECT														2) 04	JI V IE	NONE		<u> </u>			SE'ONLY	<del>)</del>
															ch	eck th	is bloc	k. [		3 3	).* 	i de terre de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp	:-
	Name C	<u>000</u>	ગપૂ	0 (-	laro	V/	-UM	٠٥٢٢٩	(	Add	ress 🔼	J. P.O	とう!	<u> </u>	<u>o</u> ruc	. (310	,U, U,	11/35		ng.	1		·, 
									<u> </u>										ŢŢ	1		1 61 h	14 124
11	GIFTS (		tructions	on pag	e 2) <b>If</b>	NONE,	check	this box	- <b>&gt;</b>										=	∀alue o	L <del>CII</del> I	4 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
Γ		Ī						Т		Π						]			1 (1 m) (1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			9 33	
L	Address of	i	f Gift	l				Ll		1			<u> </u>	Circumsta	L inces (ir	_l ncluding	descrip	tion) of	Gift	L	±,	T	
							. ,-			0'	16 110	JE	b #hi- *	~ Y==					11	lue			
12	TRANSI Source (N			DGING	i, HOSP	TALITY	(See	instruction	ons on p	age 2)	II NOI	•≥, cnec	n unis D	.v.v. (25	L	_			va	<del>.</del>	1		
Γ						_]															╝.		
13	OFFICE					MENT II	N ANY	BUSINE	<b>SS</b> (S	ee insti	ructions o	on page 2	2) <b>If N</b> (	ONE, ch	eck th	is box	×			osition H		officer, di	rector.
	Busines	s Entity	(Name an	d Addres	s)														-	- '			
	Name FINANC	141 157		INI AND	LECA	ENTITY	IN P	ISINESS	FOP P	Addr		struction	s on par	ne 2) I	f NON!	E. che	ck this	box.	XI I	nterest H	ekt (i.e.,	5%, 10%	etc.)
14	Name and	Address	EKES ( s of Busine	IN ANY	LEGAL	. EM )     T	114 BU	, SINE 33	. rok r	NOFII	(000 111	on gottot i	- on pay	<i>5~~/</i>		_, -,,**							
													-										
15	BUSINE				SFERRE	D TO IN	/MEDI	ATE FAI	MILY M	EMBE	R (See i	nstructio	ns on pa	age 2)	If NON	IE, che		<b>s box.</b> Interest					
	Tue nefere	a /hlama	nd Addres	aec)														Relatio Date Tr	nship ransfen				
	undersign	ed here	by affirm	e that t	ne foreg	oine info	rmatior	n is true :	and cor	rect to t	the best o	of said pe	erson's l	knowled	ge, info	ormatic thics A	on and ct, 65 l	belief; Pa.C.S	said a	iffirmatio	n bein	g made :	subject
to th	e penaltie	s preso										. 40,10 0		p.					H	17	90	18	
	S	ignatur				n/n-	012		V 51 5	C   -	10/11- 11	- NOT 1	- CM 101	ETER			irrent E			? PEC	) PDS	10	
	٦	THIS F	ORMIS	CONS	IDERE	DOEF	CIEN"	I II- AN	1 BLO	UK AE	SOVE IS	NOIC	CIVIPL	.E.IED.	IVIPAP	~ .	.UF 1	. JR	, 001		J. (1/3	•	

STATE ETHICS COMMISSION (ATTACHMENT)

CREDITOR

ADDRESS

INTEREST

GM FINANCIAL LEASING

P.O.BOX100 williamsville

.000540

2010 HAY - 1 PH 12: 44

# STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME  FIRST NAME  ANTHONY  MI SUFFIX
02	
—	DTE: 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)
00	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) F Check this block if you
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original fill
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A [	RESIDENTIAL ASSESSOR
	seeking hold held
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, e
A [	MONTGOMERY COUNTY
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
-	Residential Assessor Information in Blocks 8-15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
-	Name: Address: Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name: Address:
	CD # 5/2
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Gift
Γ	
	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. Position Held (i.e., officer, direct employee, etc.)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Interest Heid
	Transferee (Name and Address)  Relationship Date Transferred
	rundersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject penalties prescription and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date 4-14-18
	THIS FORM IS CONSIDEREDIDEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME				MI SUFFIX
	L L O Y D	K E L	LY			[S]
02						
NO	DTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SO	DOIAL SECURIT	Y NUMBER OR	FINANCIAL AC	CCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions of	on page 2)			Check this
	A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Emplo	oyee (Current) oyee (Former)	if you	k this block are filing solicitor	block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, joi	b title, etc.) se	eeking	hold	held	an anna and aghlas ann anna and aguard arbeith lither aguardan burb airt an an
A	A S S I S T A N T D I S T R	ICT	AT	TOR	N E	Y
		S	eeking	hold	held	meenings and morning my
В						
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, ag	ency, authority, bo	rough, board, con	nmission, county	, school district, twp, etc.)
Α [	MONTGOMERYCOUN	T Y				
в						
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	1	INSTRUCTION			Hardy Lee H. L. Group
A	ssistant District Attorney		n Blocks 8 -15 re _l r the calendar ye		2 0 1	L   7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	эх. 🔀				
	S C L'ALL NA LA CALLANDE MA NONE	, check this box.	[ ]			
09		, check this box. P·O. Box 42		ence RI 06	940 Interes	t Rate 5.85%
	Direct Loans P.O. E	3ox 69184, H	arrisburg PA	17106		7.125%
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	nent. (See instruction	ions on pg. 2) ON	LY IF NONE, eck this block.		ICIAL USE ONLY)
	Name Montgomery County Address	20. Box 311,	Norristau	m PA 194	o <del>y</del>	20
		Montgomery /				<b>3</b>
11	GIFTS (See instructions on page 2) If NONE, check this box.				Value	of Giff
[	Source or Gin				野山馬	8
and.	Address of Source of Gift	<u> </u>	Circumstances (in	L cluding description	) of Grit	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	NONE, check this	box.		Value	÷
_	Source (Name and Address)	35444411		]		8
					Position	Held (i.e., officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	nson page 2) If N	NONE, check thi	s box.	employe	
14	Name Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	e instructions on pa	age 2) If NONE	, check this bo	x. Interest	Held (i.e., 5%, 10%, etc.)
14	Name and Address of Business	o mondono de pe	ugo	,		
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se	ee instructions on p	page 2) If NON	E, check this b	ox.	
	Business (Name and Address)  Transferee (Name and Address)			Reli Date	ationship e Transferred	
The	e undersigned hereby affirms that the foregoing information is true and correct to the be the penalties prescribed by 18 Pa C. S. 84904 (unsworn falsification to authorities) and the penalties prescribed by 18 Pa C. S. 84904 (unsworn falsification to authorities) and the penalties prescribed by 18 Pa C. S. 84904 (unsworn falsification to authorities) and the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the penalties of the pe	est of said person's the Public Official a	s knowledge, info and Employee Et	rmation and beli	ef; said affirmat	tion being made subject
i i				iter Current Date	3/29/	1B
	Signatul THIS F NT IF ANY BLOCK ABOVE	E IS NOT COMP			•	CORDS.

# STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME FIRST NAME MI SUFFIX
LUPI NACCII TONYA I
NOTE. IF TOO ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block If you
B Nominee C Public Official (Former) D Public Employee (Former) if you are filing are amending as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A A S S I S TAINT DISTRICT ATTORNEY
seeking hold held
8
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N T Y
8
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
Assistant District Attorney  Information in Blocks 8-15 represents disclosure for the calendar year listed here:  2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
Mastercard UPROMISE POBOX8803, WIMMINGHOM, DE 1672  09 CREDITORS (See instructions on page 2), Creditor (Name and Address) If NONE, check this box.   189775
Name: NAVIENT School Loans -> Address: PUBX 9533, WIKS-BARREPA -7615-90
- Huntington Not'l Bank POBOX 1538 Columbus, Ortio - 74,190
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
MET. POBOX311, Norris DWn PA 19404 3342 Lime KILN PK, Challout PA
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value of Gift
Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address)
13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director,
Business Entity (Name and Address) 334 2 Lime KIn PK employee, etc.)
Name: NEV Index Cycling+Fituss Address: Chairm t, PA 18914 Final Employee  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. [X]-interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address)  Interest Held Relationship
Transferee (Name and Address)  Date Transferred  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject
to the penalties prescribed by 10 Be 6.5. \$4004 (resultant features felaities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
97111 11 Y

## STATEMENT OF FINANCIAL INTERESTS

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

-	
01	LAST NAME FIRST NAME MI SUFFIX
	MACMASTER-HO Alexandria T
02	ADDRESS TO Code Acc Code Phone
	OTE: 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor an original filing
	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
04 [	
^ [	
ſ	☐ seeking ☐ hold ☐ held
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.)
Α	M O N T G O M E R Y C O U N T Y
_	
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
	Assistant Distinct Attorney Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Great Lakes Address a to I International Lane
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY)
10	check this block.
	Name Montgomery County Courthouse Address Po Box 311 Norristown PA 19404-0311
	John istown Ph 1 1207-0311
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  - Value of Gift
	Address of Source of Gift Circumstances (including description) of Gift
-	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
12	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)  Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. If Interest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
15	Business (Name and Address)  Business (Name and Address)  Interest Held Relationship
_	Transferee (Name and Address)  Date Transferred  Date Transferred
	e undersigned hereby affi  the penalties prescribed b  and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date 3 4/6//8
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

01	LAST	NAME								-1			~	FI	RST	NAME	:								_ <u>M</u>		JFFIX
	Ma	9	a	2 (	In	E	V		[						a	m	t	e		İ					$  \mathcal{P} $	<b>'</b>	
									1	1								L			<u> </u>						
)2	ADDRE	S										-									7					r)	
-																											
NC	OTE: IF Y	DU ARE	INCLU	DING A	TTACH	MENT	TS, DO	TON C	INCL	UDE	ANYT	HING	THAT	BEA	RS YC	DUR S	OCIAL	SEC	URIT	Y NU	MBER	OR FIN	IAN	CIAL	ACCOL	INT NL	IMBER\$
03	STATU	s Ch	eck appl	icable t	olock or	r bloci	ks, mo	ore tha	n one	block	k may	be ma	rked.	(See i	nstruc	ctions	on pag	e 2)							Γ-1	Check	thie
	Α [		didate (i				С		Public (								loyee (		int)	Е		neck th	ie hl	lock		block i	f you
	в	_	ninee	i Ciddii i	g write-	111)	C		Public (		`		D				iloyee (			_	if y	ou are	e filin				ending jinal filin
											<del>-</del>						noyee (	Ollin	-	$\overline{\mathcal{A}}$	45	a som	GILDI				
04	PUBLIC	POSI	ION OR	PUBL	C OFF	ICE (	admir	ristrato	r, men	nber,	Comn	nissior	ner, jol	b title.	etc.)	s	seeking	3		<u> </u>	hold	L		neld			
۹	.⊅ (	a	VI V	l c	5		1								1						:	1					
Į						1			l l	L		.L							i		L _ 4 .4	<del>-</del>	٦.		1		
ſ		1			-			T	1 1		1	1	Γ		Ι	<b>5</b>	seeking	3			hold	- 1		neld	<del></del>	Т	
3						ļ	İ																				
)5	GOVER	NMENT	AL ENTI	TY in wi	hich you	ı are/v T⊷	vere a	n Officia	al, Emp	oloye	e, Cano	г	Ι.		T	fept, ag	gency, a	uthori	ity, bor	ough	, board,	commi	ssion	1, cour 	ity, scho	ol distri	ct, twp, et
۱	1.4 01	440	mer	/ I C	den	ty	Pl	ann	Y 19	[ (	Cin	111	551	6)(	<u></u>	L											
						_					-				1						1						
3						İ					1																
													-	07 .	/EAR		CINCT	DUC:	TIONS						-		-,-
06	occui		OR PR			nis ma	ay be	tne sai	me as	DIOC	K 4)			- ' '			E I <b>NST</b> in Bloci				nts			$\overline{}$		•	
		-P	lani	LOV	11																ed here:	2	-	0	1 3		
08	DEAL	CTATE	INTER	ERTS (	Soo inc	tructi	008.0	n nage	2) 16	f NO	NF ch	eck ti	nis ho	<u>.</u>	7												
,,	INEAE I	-01711		-0.0(	0000		0.10 0.	, page	_,		,				4												
09	CREDI	TORS (	See insti	uctions	on pag	ge 2).	Credi	itor (Ne	ame ar	nd Ac	dress	) If N	IONE,	chec	k this	box.			,		, -	1980	1		5.5 est Rate	lo	
	Name:	N	wien	+								Add	lress:	123	3	ust	SOIC	St	$\cdot$ $W$	lw	igton, ia)	DE		Inter	est Kate	•	
	1-0	en L	Cre	dit	Uni	00						Νi	ne l	dun	L V	ia	Touct	م د	leal	ex st	(air		4	3	240		
0			DIRECT									) all er	nolovn	nent.	(See i	nstruct	tions or	pg. 2	) ON	LY IF	NONE,		オ	(OF	FICIAL	USE	ONLY)
	Billeo	0,,,,,,,	JIII COT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, (			,	. ,		`				che	eck th	nis bloc	k. 🔽					
	Name:											Add	iress:										-				
																									2		
1.1	CIETE	(\$00 ir	struction	c on n	ngo 2)	IF N/	ONE	check	this h														<u> </u>		<u></u>	#0.000 (1.000)	127
11	Source		STUCTION	is on pa	ige z)	II NC	JNE,	CHECK	(iiis D	JOX.	$\simeq$													Val	u <b>o df</b> Gifi	f	1 d
		1	- T	1		T		T	-	T	Τ	T	1	T	T				ļ			[::::]	ri				7
	L	_l				<u></u>	Ш			<u></u>	<u> </u>				1				L	]		77.2	(C)	1	Щ	ئيا . ل	<u>l</u>
	Address o	f Source	of Gift														Circui	nstand	es (inc	ciuain	g descript	ion) or	المالا				
12	TRANS	PORT	ATION, L	ODGIN	IG. HO	SPIT	ALIT	/ (Sec	instru	ction	s on p	age 2	) If N	IONE	, chec	k this	box.							/alue	American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American A American American American American A American American A American A A A A A A A A A A A A A A A A A A A		ica _a
12			d Addres		,			, (555				-9			,					3					<u></u>	(12.7) 	d j
													-										G/A		<u></u>	-	T
					<u> </u>	<del></del>						<del></del>	<u></u>			0) 14	<u> </u>				. 57		<u> </u>	Positio	on Held (	ie offic	er, directo
13			CTORS (Name a			.OYM	ENT I	N ANY	r BUSI	INES	<b>iS</b> (S∈	e inst	ruction	ns on	page	2) IT	NONE	cnec	ck this	s Do	c. 🔽		- 1		yee. etc.		, all 6616
			, ,		,																						
	Name:										-		ess:					16.6	IONE	obo	ak this	box		Intere	st Held (	ie 5%	10%, etc.
14	FINAN Name a	CIAL IN nd Addre	ITERES ss of Busi	FIN AN ness	IY LEG	ALE	NTITY	I IN B	USINE	:55 F	-UK P	KUFII	(See	ınstr	uction	is on p	age 2,	пр	NONE	, cne	CK UIIS	DUX.	Ÿ		,		
													D /C-					\ 15	NONI	- ab	ook this	. box					
15			TEREST and Addre		NSFER	≀RED	TO II	MMEDI	IATE F	FAMI	ILY ME	EMBE	R (Se	e inst	ructio	ns on	page 2	) 11	NUN	E, CN		nterest		]			
	DUBHIES.																				1	Relation Date Tr	nship				
		oo (Nam	e and Add	ress)																		vale ii	-21121C				
Th	Transfe e undersid	ned he	ebv affir	ms that	the for	regoir	ng info	rmatio	n is tru	ie an	id corr	ect to	the be	st of	said p	erson	s know	ledge	, info	mati	on and b	elief;	said	affirm	ation b	eing m	ade subj
	Transfe e undersig the penalt	ned he	eby affir	ms that	the for	regoir	ng info	ormatio	n is tru	ıe an	nd corr	ect to prities)	the be and t	st of s	said p iblic C	erson' Ificial	s know and Er	ledge nplay	e, infor ee Eth	rmati nics A	on and t Act, 65 F	pelief; Pa.C.S	said . §11	affirm 109(b)	ation b	eing m	ade subj
	e undersig the penalt	ned he es pres	eby affir	ms that	the for	regoir	ng info	ormatio	on is tru	ie an	nd corr	ect to prities)	the be and t	st of s	said p iblic C	erson' fficial	's know and Er	ledge nployi	ee Etr	nics A	Act, 65 H	a.C.S	said . §11	affirm 109(b)  25	iation bi	eing m	ade subj
	e undersig the penalt	ned he es pres Signatu	eby affir	ms that								orities)	and t	he Pu	iblic C	official	and Er	nployi	ee Etr En	nics A ter C	urrent D	ate _	4,	125	18		ade subj

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

01				-	
	LAST NAME	FIRST NAME			MI SUFFIX
	MALAGARI	STEV			1
02					
MO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL!	SECURITY NUMBE	R OR FINANCIAL A	CCOUNT NUMBERS
03	STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page	2)		Check this
	A Candidate (including write-in) C Public Official (Current) D	Public Employee (C	urrent) E	Check this block	block if you are amending
		Public Employee (F	ormer)	if you are filing as a solicitor	an original filing
	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo		hold	held	
04	the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	January Clos./			1 1 1 1
A	SEE ATTACHED				
		seeking	hold	held	
в					
		<u> </u>	1 1	ki.	.iii
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, au	thority borough boa	rd, commission, count	y, school district, twp, etc.)
A	SEE ATTACHED				
i.	(2) A supplied to the first of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th		1 : 5	· · · · · · · · · · · · · · · · · · ·	
В					
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTR			
<	50. C5 00.25.01 TALT	Information in Blocks disclosure for the ca		ere: 2 0	リフ
	SALES CONSULTANT				· · · · · · · · · · · · · · · · · · ·
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	DX. [V]			
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	, check this box.			20
US	Name: SEE ATTACHED Address:	, ,		Intere	st Rate
	Name: 365 ATTACRS				基基
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructions on	pg. 2) ONLY IF NOR	(OFI	FICIAL USE ONLY)
10	DIALOT OK INDIALOT SOCKOLO OF INSUIND MALEUNG (CAMPONIANO CAMPONIANO •	check this b	lock		
				$-\mathbf{L}$	
	Name SEE ATTACHED Address:				
	Name SEE ATTACHED Address:				
11					
11	Name SEE ATTACHED  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift				
11	GIFTS (See instructions on page 2) If NONE, check this box.		·		
	GIFTS (See instructions on page 2) If NONE, check this box.	Circum	istances (including des	Valu	
	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift		istances (including des	Valu	
	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If		istances (including des	Valu	
	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift		istances (including des	Valu	
	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box.		Value	
i	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.		Value  Value  Position	
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name: SEE ATTACHED	NONE, check this box. [	check this box.	Value  Value  Position employ	n Held (i.e., officer, director, ee, etc.)
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name: SEE ATTACHED Address:	NONE, check this box. [	check this box.	Value  Value  Position employ	n Held (i.e., officer, director, ee, etc.)
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name: SEE ATTACHED	NONE, check this box. [	check this box.	Value  Value  Position employ	n Held (i.e., officer, director, ee, etc.)
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: SEE ATTACHED Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business)	NONE, check this box.  ons on page 2) If NONE, the instructions on page 2)	check this box.	Value  Value  Position employ  his box.   Interes	n Held (i.e., officer, director, ee, etc.)
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: SEE ATTACHED Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction Business of Business)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instruction Business)	NONE, check this box.  ons on page 2) If NONE, the instructions on page 2)	check this box.	Value  Value  Position employ  his box. Interes	n Held (i.e., officer, director, ee, etc.)
12	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Source (Name and Address)  Name: SEE ATTACHED Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If Source (Name and Address of Business (See Instructions on page 2) If Name and Address of Business (See Instructions on page 2) If Source (Name and Address of Business (See Instructions on page 2) If None Instructions on page 2) If Source (Name and Address)	NONE, check this box.  ons on page 2) If NONE, the instructions on page 2)	check this box.	Value  Value  Value  Value  Position employ  his box. V Interes  this box.	n Held (i.e., officer, director, ee, etc.)
12 13	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Source (Name and Address)  Name: SEE ATTACHED Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions)  Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions)  Transferee (Name and Address)  Transferee (Name and Address)	NONE, check this box.  Ons on page 2) If NONE,  the instructions on page 2)  the instructions on page 2)	otheck this box.  If NONE, check to the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thin	Value  Value  Value  Position employ  Interest Held Relationship Date Transferred and belief, said affirma	h Held (i.e., 5%, 10%, etc.)
12 13 14	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Source (Name and Address)  Name: SEE ATTACHED Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If Source (Name and Address of Business (See Instructions on page 2) If Name and Address of Business (See Instructions on page 2) If Source (Name and Address of Business (See Instructions on page 2) If None Instructions on page 2) If Source (Name and Address)	NONE, check this box.  Ons on page 2) If NONE,  the instructions on page 2)  the instructions on page 2)	otheck this box.  If NONE, check to the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thin	Value  Value  Value  Position employ  Interest Held Relationship Date Transferred and belief, said affirma	h Held (i.e., 5%, 10%, etc.)
12 13 14	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: SEE ATTACHED Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Susiness (Name and Address)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Susiness (Name and Address))  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)	NONE, check this box.  Ons on page 2) If NONE,  the instructions on page 2)  the instructions on page 2)	otheck this box.  If NONE, check to the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thing of the thin	Value  Value  Position employ  Interest Held Relationship Date Transferred and belief; said affirms S Pa.C.S. §1109(b).	h Held (i.e., 5%, 10%, etc.)

## Steven R. Malagari Statement of Financial Interests Addendum

#### **Block 04: Public Position or Public Office**

- A. Seeking- PA State Representative- 53
- B. Hold-Borough Council Member
- C. Hold- Board Member
- D. Hold- Member, Board of Trustees

#### **Block 05: Governmental Entity**

- A. PA House of Representatives
- B. Borough of Lansdale
- C. Montgomery County Transportation Authority
- D. Lansdale Library

#### **Block 09: Creditors**

Creditor	Interest Rate							
Citizens Bank, NA	2.220%							
PO Box 7000								
Providence, RI 02940								
American Education Services	3.875%							
PO Box 2461								
Harrisburg, PA 17105-2461								

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

Gretz Beer Company

2801 East Township Line Road

Hatfield, PA 19440

Borough of Lansdale

1 Vine Street

Main Line Health

130 South Bryn Mawr Avenue

Bryn Mawr, PA 19010

Lansdale, PA 19446

## Block 13: Office, Directorship, or Employment in Any Business

Borough of Lansdale

1 Vine Street

Lansdale, PA 19446

Position Held: Member, Borough Council

Montgomery County Transportation Authority

One Montgomery Plaza

Suite 202

Norristown, PA 19404

Position Held: Board Member

Lansdale Library 301 Vine Street

Lansdale, PA 19446

Position Held: Member, Board of Trustees

(717) 783-1610 * TOLL FREE 1-800-932-0936

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SHEELY MI H O NOTE: 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) Check this A Candidate (including write-in) block if you C Public Official (Current) D Nublic Employee (Current) Check this block are amending if you are filing B ___ Nominee C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) X hold held 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.) OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 0 ASSISTANT SOLICITOR disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ΩR CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09Interest Rate Name: Address: (OFFCIAL USE ONLY) 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 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift u. حه Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 🔯 Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business 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 ne best of said person's knowledge, information and belief; said affirmation being made subject The undersigned hereby to the penalties prescribed and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). Enter Current Date Signature . THIS FORM OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
MARVEL	LAUREN
	State Zip Code Area Code Phone
	ACCOUNT MIMBERS
	ING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be	Chart this block if you
A Candidate (including write-in) C Public Official (Curre	if you are filing an original filing
B (mad Nothing)	
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commis	te il tall Attorney
AASSISHANTDIS	seeking hold held
	Seeking C , No.
B	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candid	idate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O	UNTY
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
ADA	Information in Blocks 8 -15 represents 2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, chec	eck this box.
Home - 108 Walker Ruad	Limerick, PA 1900
09 CREDITORS (See instructions on page 2). Creditor (Name and Address)	If NONE, check this box.
Name U.S Dopt. of Ed.	Address 0 30 STREEL NE CUID'S 6 710'
	Washington DC 2020'L
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Name Hontowery County	Address Po Box 311
Name Hontgomeny County	Nurnstown PA 19404 8
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value ot Git
Source of Gift	
Address of Source of Gift	Circumstances (including description) of Grit 2
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on pa Source (Name and Address)	iage 2) It NONE, check this box. [X]
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Business Entity (Name and Address)	ee instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee etc.)
Nanie	Address  ROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PR Name and Address of Business	NOF11 (See instructions on page 2) In NORE, Check this son.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY ME	EMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address)	Relationship
Transferee (Name and Address)	Date Transferred  rect to the best of said person's knowledge, information and belief, said affirmation being made subject southest and the Public Official and Employee Ethics Act. 65 Pa.C.S. \$1109(b).
The undersigned hereby affirms that the foregoing information is true and corre- to the penalties prescri <u>bed by 18 Pa C.S. \$4904 (unsworn falsification to autho</u>	norties) and the Public Official and Employee Ethics Act. 65 Pa.C.S. \$1109(b).
Signature	Enter Current Date
THIS FO	OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
1	( 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

## STATEMENT OF FINANCIAL INTERESTS

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

O1 LAST NAME FIRST NAME MI SUFFIX  MUST COLUMN J
02
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 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 write-in)  C Public Official (Current)  C Public Employee (Current)  C Check this block if you are amending
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (edministrator, member, Commissioner, job title, etc.) seeking whold held  A C C M M. F I C I D SU P C V I S C C I I I I I I I I I I I I I I I I
BHIVISTO PROGRAM SUPERVISOR
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 MO N + QO M C Y C O O N + Y
B
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  OMNONICONO FIELD  107 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
358 Walnut Straet, Royerstora PAT 197108
OB CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: FCB 100N SERVICING  If NONE, check this box.  Address: PO BOX 69184  HQMSIWA PA F100 9184  590
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: PPL Address: AllONTOWN, 4H
Montgomen County P. O. Box 311 Nocciston PA 19404
11 GIFTS (See instructions on page 2) If NONE, check this box:  Source of Gift  Value of Gift
Address of Source of Gift Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address)
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Helf (1) officer, director, employee, etc.)
Name: Address:
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held Relationship Date Transferred
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject. The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject. The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject.
to the penalties presented by 18 Bo C.S. \$4904 (upaworo falsification to authorities) and the Public Official and Employee Emits Act, 83 Pa.C.S. \$4104(b).  Enter Current Date
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

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

- 1	ے ا	CO	ln	n										FI	RST	A	ja	^	d						<b>-</b> 7		SUFF	
																									·			
NOT	: IF YO	U ARE IN	CLUDIN	IG ATT	ACHM	IENTS,	, DO	пот	INCLU	JDE A	ANYTI	HING	THAT	BEAI	RS YC	UR S	OCIA	LSEC	URIT	Y NU	MBER	OR F	INAN	CIAL	ACC	TNUC	NUM	BERS.
3	STATUS	5 Check	applica	ble blo	ck or b	blacks,	mor	e than	one	block	may t	oe ma	rked. (	See i	instruc	tions	on pa	ge 2)									ck thi	
	а [ в [	Candid	ate (incl ee	uding	write-in	1)	c [	<b>р</b> ] Р			il (Cur il (For		D D		Public Public	Emp Emp	-	•		E	if	you :	this b are fili olicito	ng	-0-	are	amen	
4	PUBLIC	POSITIO	N OR P	UBLIC	OFFIC	CE (ad	minis	strator	, men	nber, (	Comm	nission	ner, jol	b title	, etc.)		seekir	ng	,	-	hold			held			т	<u> </u>
F	-   `	2 ~	+		A	<b>.</b> 2	2	ì	S	4	a	V	4		Δ	i	٤	4	~	ı	C	t	<u> </u>	A	-	₩	4	
Ľ.			<u> </u>	J							<b>u</b>						seekir	ng			hold	,		held	<del>-</del> -		T	
																	L		<u></u>									
5	GOVER	NMENTAL	ENTITY	f in whi	ch you	are/wer	re an	Officia	al, Em	ployee	, Cano	lidate	or Non	ninee	(e.g., 0	lept, a	gency,	autho	rity, bo	orough	i, board	, com	missio	n, cau	inty, so	chool d	istrict,	twp, etc.
17.	vi o	ר וא		0	М		R	Y		С	0	U	N	Т	Y													
[											1			T		Ţ				I					T			
					LL	: <u>L</u>	l	ho 50		block		J		07	YEAR		E INS	TRUC	TION	IS.		<u> </u>						
6		PATION O			-	-						101			Inform	nation	in Blo	cks 8	-15 re	prese	nts		2	0	1	7		
=1		22A ESTATE IN											1		discio	sure re	or the	calen	oar ye	ar IIS	ted her	G. 1	I					
		C- 1	A .	ctions of	on pag	e 2), C	redit Cレ	tor (Na	me a	nd Ad	ldress	,	NONE	, che	ck thi	s box	. 🗆		•					Inte	erest F	Rate		
	Name.	Sec	: a	Ma	ch	. ک	ςυ	الاد	<u>. T</u>			Add	dress:								- 1/04/							11 (V)
0	DIRECT	Sec r or indir	ECT SC	DURCE	S OF I	NCOM	SV IE inc	cluding	(but r			Add	dress:					on pg.	2) O	NLY II	F NONI	E, ock.				late IAL U	SE ON	ILY)
0	DIRECT	Sec	ECT SC	DURCE	S OF I	NCOM	SV IE inc	cluding	(but r			Add	dress:					on pg.	2) O	NLY II	F NONI	Ē,			OFFIC	IAL U	· ···p· .	·r: ·
	DIRECT	Sec FOR INDIR	RECT SC	DURCE Lea	S OF I	NCOM	SU E inc	cluding	(but r	not lim		Add	dress: mployi					on pg.	2) O	NLY II	F NONI	E, xck.				IAL U	· ···p· .	
	DIRECT	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	RECT SC	DURCE Lea	S OF I	NCOM	SU E inc	cluding	(but r	not lim		Add	dress: mployi					on pg.	2) O	NLY II	F NONI	Ξ,		(0	OFFIC	IAL U	e rape :	·r: ·
	DIRECT Name	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	RECT SO	DURCE Lea	S OF 1	If NOI	SU SU NE, o	check	(but r	box.	nited to	Add	dress: mployi				ctions							(C	OFFIC LUI AT	IAL U	e rape :	eri: Leo (
	DIREC1 Name GIFTS Source	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	RECT SO	DURCE Lea	S OF 1	If NOI	SU SU NE, o	check	(but r	box.	nited to	Add	dress: mployi				ctions				F NONI this blo			(C	OFFIC Calue of	IAL U	# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	tion (
11	DIRECT Name GIFTS Source Address of	T OR INDIR	RECT SO	on pag	S OF 1	If NOI	SU SU SU SU SU SU SU SU SU SU SU SU SU S	check	this	box.	nited to	Add	mployi	ment.	(See	instruc	Circ	cumsta	nces (i				) of Gif	(C	OFFIC Calue of	JAL U	provide the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
11	DIRECT Name GIFTS Source Address of	Sec OR INDIR	RECT SO	on pag	S OF 1	If NOI	SU SU SU SU SU SU SU SU SU SU SU SU SU S	check	this	box.	nited to	Add	mployi	ment.	(See	instruc	Circ	cumsta	nces (i				) of Gif	Value	alue	IAL U	provide a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
11	DIRECT Name GIFTS Source Address C TRANS	See instr (See instr of Gift  of Source of SPORTAT (Name and	RECT SO	on pag	(S OF 1)	If NOI	SU SU SU SU SU SU SU SU SU SU SU SU SU S	Check	this I	box.	inited to	Add Add Add Add Add Add Add Add Add Add	mployi	ment.	(See	instruc	Circ box	cumsta	nces (i	ncludii	ng descr		) of G	Value Pos	DFFIC	IAL U	Land Service Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
11	DIRECT Name GIFTS Source Address C	T OR INDIR	ructions Gift TION, LC Address)	On page	S OF I	If NOI	SU SU SU SU SU SU SU SU SU SU SU SU SU S	Check	this I	box.	inited to	Add Add Add Add Add Add Add Add Add Add	mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mployr mp	ment.	(See	instruc	Circ box	cumsta	nces (i	ncludii	ng descr		) of G	Value Pos	OFFICE CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONT	IAL U	Land Service Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	Table 1
112	DIRECT Name  GIFTS Source Address C TRANS Source OFFIC Busine	(See instruction of Gift Source of Source of Sportat (Name and See Entity (	ructions Gift TORSH Name an	on page	s of I	NCOM If NOI  SPITA OYME	E inc	Cluding  Check  (See	this I	box.	inited to	Add Add Add Add Add Add Add Add Add Add	mployi mployi mployi dress:	NONI	(See	instruc	Circ Circ F NON	Cumsta	nces (i	ncludii	ng descr	ription	o of Ger	Value Pos emp	CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF	IAL U	officer	Table 1
112	DIRECT Name  GIFTS Source Address of TRANS Source OFFIC Busine Name FINAN	Sec OR INDIR	ructions Gift TON, LC Address) TORSH Name an	OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE OURCE	s of I	NCOM If NOI  SPITA OYME	E inc	Cluding  Check  (See	this I	box.	inited to	Add Add Add Add Add Add Add Add Add Add	mployi mployi mployi dress:	NONI	(See	instruc	Circ Circ F NON	Cumsta	nces (i	ncludii	ng descr	ription	o of Ger	Value Pos emp	CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF	IAL U	officer	to director
112	OFFIC Busines	(See instruction of Gult Section of Gult Section of Source of Source of Sportat (Name and Les Entity (Name Address Entity (Name Address Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section	ructions  Gift  ION, LC  Address)  TORSH  Name and  EREST  of Busine	On page	S OF 1  GG, HOS	If NOI	IE inc	Cluding  Check  (See	this I	box.	SS (S	Add Add Add Add Add Add Add Add Add Add	mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mpl	NONi	E, che	instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction in the instruction instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the ins	Circ is box	Cumsta	nces (i	ncludii	ng descr	ls bo	y or GH	V Value Pos emp	CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF	IAL U	officer	to director
112	OFFIC Busines	(See instruction of Gift Source of Sportat (Name and Instruction of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section of Section o	RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT SO RECT S	DURCE On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page On page	S OF 1  GG, HOS	If NOI	IE inc	Cluding  Check  (See	this I	box.	SS (S	Add Add Add Add Add Add Add Add Add Add	mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mploying mpl	NONi	E, che	instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction instruction in the instruction instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the instruction in the ins	Circ is box	Cumsta	nces (i	ncludii	ng descriptions.	his bo	ox. C	Value Pos emp	alue principal de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	IAL U	officer	to director
110 111 112 113 114	OFFIC Busines  BUSIN Busines	(See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction of Gift  (See instruction o	ructions  Gift  ION, LC  Address)  TORSH  Name an  EREST  of Busine  Address	on page	S OF I	If NOI  SPITA  OYME	NE, C	Check  (See	this I	box.  box.  continuation	is on F	Add  Add  Add  Add  Add  Add  ROFI	mployidress:  2) If I  created the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	NONI  nons or	(See	ns on	Circles box	E, ch	nces (i	ncludi	ng describeck the	his be	ox. w. v. v. v. v. v. v. v. v. v. v. v. v. v.	Position in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the land in the la	C C C C C C C C C C C C C C C C C C C	JAL U	officer	director
111 12 13 14	OFFIC Busines  BUSIN Busines	(See instruction of Guit  (See instruction of Guit  of Source of  SPORTAT (Name and  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  I	ructions  Gift  ION, LC  Address)  TORSH  Name an  EREST  of Busine  Address	on page	S OF I	If NOI  SPITA  OYME	NE, C	Check  (See	this I	box.  box.  continuation	is on F	Add  Add  Add  Add  Add  Add  ROFI	mployidress:  2) If I  created the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	NONI  nons or	(See	ns on	Circles box	E, ch	nces (i	ncludi	ng descriptions of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	his be	ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. • ox. •	Position of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiation of afficiati	aluer di con Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hallon Hal	eld (i.e.	officer	de subjection
11 12 13	OFFICE Name  PINAN Name  BUSIN Busines  Transfe undersi	(See instruction of Guit  (See instruction of Guit  of Source of  SPORTAT (Name and  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  I	ructions  Gift  ION, LC  Address)  TORSH  Name an  EREST  of Busine  Address	on page	S OF I	If NOI  SPITA  OYME	NE, C	Check  (See	this I	box.  box.  continuation	is on F	Add  Add  Add  Add  Add  Add  ROFI	mployidress:  2) If I  created the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	NONI  nons or	(See	ns on	Circles box	E, ch	nces (i	ncludi	ng described the heck the heck the heck the heck to tion and Act, 6:	his bo	ox.  ox.  ox.  ox.  ox.  ox.  ox.  ox.	Position and affinition and affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affin	aluer de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la comp	Sift Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant Significant S	officer	de subjection
1 2 3	OFFICE Name  PINAN Name  BUSIN Busines  Transfe undersi	(See instruction of Guit  (See instruction of Guit  of Source of  SPORTAT (Name and  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  ICIAL INTI  I	ructions  Gift  ION, LC  Address)  TORSH  Name an  EREST  of Busine  Address	on page	S OF I	If NOI  SPITA  OYME	NE, C	Check  (See	this I	box.  box.  continuation	is on F	Add  Add  Add  Add  Add  Add  ROFI	mploying management of the both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a both a bot	NONI  nons or	E, che	ns on	Circles box	E, ch	nces (i	ncludi	ng describeck the heck t	his bo	ox.  ox.  ox.  ox.  ox.  ox.  ox.  ox.	Position and affinition and affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affinition affin	aluer de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la comp	eld (i.e.	officer	de subjection

# STATEMENT OF FINANCIAL INTEREST – ADDENDUM

9. Creditors

Nelnet Student Loan

Bank of America Visa

PSECU Visa

Capital One Mastercard

10. Sources of Income

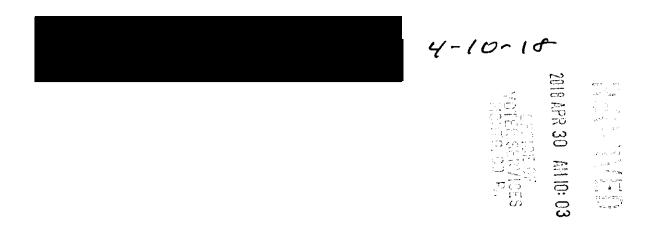
Montgomery County District Attorney's Office

Temple University School of Law (adjunct professor)

Springside Chestnut Hill Academy (baseball coach)

11. Gift

I don't believe it qualifies as a gift but I won a \$500 gift card for Bikesport in Trappe at a benefit for the Wheels of Justice Tour da Shore team in May 2017. I paid for raffle tickets and one of my tickets was chosen in the drawing.



#### STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME	MI SUFFIX
MCDERMOTT	ERIN	
- Authorities and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	F BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)	Check this
A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Current)  Public Employee (Former)  E  Check this if you are to as a solicit	iling are amending
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob tille, etc.) seeking X hold	held
APUBLIC HEALTH P	LANNER	
	seeking hold	held
B		
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	I	ion, county, school district, (wp, etc.)
AMONT GOMERNI COUN	TNOFFICE	
BPUBLIC HEALTH		
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	ng a man anna ag ar man anna gumuraanna a
Public Health Planner	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	017
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	ox. X	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	_check this box.	
Name: Name + Loan Servicing Address:	P.O BOX 92561	Interest Rate
J LM	coln NE 68501-2561	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
Name Montgomery County Office Address:		
of Public Health Nor	1430 Dekald Speek ristown PA 19401	
11 GIFTS (See instructions on page 2) If NONE, check this box.		<b>6</b>
Source of Gift	many many male was a management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the management of the managemen	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gi	iti sa ji
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 instruction Business Entity (Name and Address)	ns on page 2) If NONE, check this box.	Position Held De. officer, director. employee. etc.)
Business Entity (Name and Address)  Name: Address:		employee, etc.)
Business Entity (Name and Address)		
Business Entity (Name and Address)  Name: Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	e instructions on page 2) If NONE, check this box.	employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name: Address:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)  Transferee (Name and Address)  The understored bereby affirms that the foregoing information is true and correct to the business.	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box. Interest H Relationst Date Transparent of said person's knowledge, information and belief; sa	Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name: Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box. Interest H Relationst Date Transparent of said person's knowledge, information and belief; sa	Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)  Transferee (Name and Address)  The understood bereby affirms that the foregoing information is true and correct to the business.	e instructions on page 2) If NONE, check this box.  ee instructions on page 2) If NONE, check this box. Interest H Relationst Date Transest of said person's knowledge, information and belief; sethe Public Official and Employee Ethics Act. 65 Pa.C.S.	Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)

COMMONWEALTH OF PENNSYLVANI A SEC-1 REV. 01/18		NANCIAL INTEREST	S PENNS	LVANIA STATE ETHICS COMMISSION 783-1610 • TOLL FREE 1-900-932-0936
O1 LAST NAME MCGAZTY		FIRST NAME	D	MI SUFFIX
02	ITS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY	/ NUMBER OR FINAN	CIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or bloc  A Candidate (including write-in)  B Nominee		(See instructions on page 2)  Public Employee (Current)  Public Employee (Former)	E Check this bif you are fill as a solicitor	ng are amending
PUBLIC POSITION OR PUBLIC OFFICE  A S C N O O ( D  B M O A + S O M P	(administrator, member, Commissioner, )	Seeking    T Y S J L		held held
05 GOVERNMENTAL ENTITY in which you are	were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, bord	ough, board, commission	1, county, school district, two, etc.)
AASINGTOU	1 SCN001	the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o	ict	
BMONTGOME	MOUN	TY		<u> </u>
C6 OCCUPATION OR PROFESSION (This m	ay be the same as block 4)	07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 repr disclosure for the calendar year	esents 2	0 1 7
C8 REAL ESTATE INTERESTS (See instructions on page 2).  Name: See instructions on page 2).	Greditor (Name and Address) If NONE	, check this box.		Interest Rate
Name Brown M. GARA IN 2001 Market St. St. 342				(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If No Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPIT, Source (Name and Address)				Value of Git
13 OFFICE, DIRECTORSHIP, OR EMPLOYM Business Entity (Name and Address)  Name 17 A A C (1977)	ENT IN ANY BUSINESS (See instruction N. MUCA W Address:		box.	Position Held (18 officer, director, employee, etc.)  Mumber
14 FINANCIAL INTEREST IN ANY LEGAL EI Name and Address of Business  (\$\triangle \circ \colon \chi \chi \chi \chi \chi \chi \chi \chi	NTITY IN BUSINESS FOR PROFIT (See		check this box.	1nterest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED Business (Name and Address) Transferce (Name and Address)	TO IMMEDIATE FAMILY MEMBER (Sei		theck this box.  Interest Held Relationship Date Transfer	red
The undersigned hereby affirms that the foregoing to the penalties prescrib	r information is true and correct to the beat ) and the	et of said person's knowledge, inform ie Public Official and Employee Ethio	ation and belief; said a	affirmation being made subject
Signature _ THIS FORM IS CONSIDERED		•	Current Date	11/18
	(3 o			,

# Section 09 Creditors for Statement of Financial Interests

	Creditor	Address	Interest Rate
1.	Chrysler Capital:	P.O. Box 961275, Fort Worth, TX 76161	Car Lease
2.	CitiBank:	Citibank Customer Service, P.O. Box 6500, Sioux Falls, SD 57117	29.99%
3.	Discover Card	Discover, P.O. Box 30943, Salt Lake City, UT 84130	21.49%
4.	Comenity Bank	Comenity Bank, P.O. Box 183003, Columbus, OH 43218	8 15.98%
5.	Fulton Bank	One Penn Square, Lancaster, PA 17602	Prime +,50%

#### JMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 **LAST NAME FIRST NAME** SUFFIX e ea02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) Public Employee (Current) Check this block are amending if you are filing as a solicitor Nominee C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 04 hold held seeking hold 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. OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 0 Warden - Conections disclosure for the calendar year listed here: 0B REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Address of Source of Gift Circumstances (including description) 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 (i.e., officer, director, Business Entity (Name and Address) employee, etc.) Name Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)

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) The undersigned hereb prect to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescrib thorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. (3 of 4)

#### STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME FIRST NAME	MI SUFFIX
McGinnis     Nelli	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMB	ER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	Check this block if you
A Candidate (including write-in) C Public Official (Current) D X Public Employee (Current) E	if you are filing are amending
B Nominee C Public Official (Former) D Public Employee (Former)	as a solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hol	id held
ABERICHANY DISTRICT ATTO	chell
seeking hol	ld held
B	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, bo	ard, commission, county, school district, twp, etc.)
A MONTGOMERY COUNTY	
MONIGONE RIL COONITI	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents	2 0 1 7
HSSISTANT ISTRICT HTTCVVIII disclosure for the calendar year listed h	nere: 2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
·	
CONTRACTOR (C. ) And the contract of Address MANONE about this box	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: Fellow Service Address: Co. Rox (09 R)	Interest Rate
Name: FECTON   SET ON IN Address: 1.0. 100 Miles	10 - (V/32 0)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NO	ONE, (OFFICIAL USE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NO check this I	block.
Name: Montgoner Conty Address tas suxue since	
2) Agranda III	1407 = 3
11 GIFTS (See instructions on page 2) If NONE, check this box.	PRO A CONTRACTOR
Source of Gift	Value of Gift
Address of Source of Gift Circumstances (including de	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	Value
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IT NONE, check this box. Source (Name and Address)	<i>O</i> O
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	Position Held (i.e., officer, director employee, etc.)
Business Entity (Name and Address)	employee, etc.)
Name: Address:	this how [7] Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business	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
Transferee (Name and Address)	Date Transferred and belief; said affirmation being made subject
The undersigne to the penalties Official and Employee Ethics Act,	
Code Cours	wi Date 414116
Sig Enter Curre THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A CO	• • • • • • • • • • • • • • • • • • • •
THIS FORM IS CONSIDERED DEFICIENT IF ANY BECOM ABOVE IS NOT COMPLETED. MAKE A CO	

## STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME FIRST NAME	MI SUFFIX
M c G o l d r i c k T h o m a s	W
22 ADDRECC Affice (husiness or acuternmental) or home City State Zin Code	Area Code Phone
	FINANCIAL A COOLINT NUMBERS
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check	Check this block if you
if you	are filing are amending solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
A Deputy District Attorney	
seeking hold	held
в	
O5 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, com	emission county school district two etc.)
A M O N T G O M E R Y C O U N T Y	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
Deputy District Attorney Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	Interest Rate
Name: AES (student loans)  Address:	6.5%
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
A IA 4 C. The A Date of the Block.	
Name: Montgomery County DA's Office  PO Box 311, Norristown, PA 19404  NAME: TEMPLE UNIVERSITY 1801 N. Broad St., Philadelphia, PA 19122	
TO BOX 511, NOTICE ON THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART	
Source of Gift	Value of Gift
Address of Source of Gift Circumstances (including description	) or Gift
12 TRANSPORTATION, LODGING, MOST MALETT (GGG MOST COMPAGE 2)	Value C
Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)	
Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this both	Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this b	ox. 🔳
Sucinose (Name and Address)	orest Held ationship
Transferee (Name and Address)	e Transferred lef; said affirmation being made subject
The undersigned hereby affirms that the foregoing information is the and confect to the best difference of the state and the Public Official and Employee Ethics Act, 65 Pa. to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.	5.5. g. 155(5).
Signature Enter Current Date	
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FO	IR YOUR RECORDS.

(717) 783-1610 • TOLL FREE 1-800-932-0936

PENNSYLVANIA STATE ETHICS COMMISSION

PLEASE PRINT NEATLY SUFFIX FIRST NAME М 01 LAST NAME 0 NOTE: 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) __ Check this block if you E Check this block C Public Official (Current) D Public Employee (Current) A ___ Candidate (including write-in) are amending if you are filing D Public Employee (Former) an original filing Public Official (Former) as a solicitor Nominee hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held held hold seeking 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.) 05 SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents ATTORNEY disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. PLEASE SEE ATTACHED Address: (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. PLEASE SEE ATTACHED GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 SEE AHACTED FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 1 15 Business (Name and Address) Relationship Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties pres Enter Current Date Signatu NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS F

(3 of 4)

#### Line 4

#### **Current Solicitor Appointments**

- 1. Upper Merion Township
- 2. Upper Merion Utility Authority
- 3. Plymouth Township Zoning Hearing Board
- 4. Borough of West Conshohocken
- 5. Douglass Township, Berks County
- 6. Limerick Township
- 7. West Vincent Township
- 8. East Whiteland Township

#### Line 5

Mental Health Review Officer for Montgomery County

#### Line 9

PNC Credit - No Balance Interest Rate: Variable

#### Line 10

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

#### Line 13

Name: Hamburg, Rubin, Mullin, Maxwell & Lupin

Address: 375 Morris Rd., P.O. Box 1479

Lansdale, PA 19446

Position Held: Director

Name: County of Montgomery

Address: P.O. Box 311

Norristown, PA 19404

Position Held: Mental Health Review Officer

# STATEMENT OF FINANCIAL INTERESTS

PI FASE PRINT NEATLY

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

01 LAST NAME	FIRST NAME	MI SUFFIX
MCGUCKIN	Aghert	
	21-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	de Avec Code Phone
02		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER O	R FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)	Check this
A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	if yo	eck this block bu are filing a solicitor  block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, Jo		L_! heid
A Clammissisioner Ma	<u> </u>	
	seeking A hold	held
B S lo Il i clitor Monte	lol Isihlelaliki	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, o	ommission, county, school district, twp, etc.)
AUPPEN DUBLIN		
BMONTGOSHERTEE		
OCCUPATION OF PROFESSION (This way to the come or block 4)	07 YEAR SEE INSTRUCTIONS.	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	Information in Blocks 8 -15 represents	2017
Attorney / Sr. Site Acquisition Manager	disclosure for the calendar year listed here:	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	ж. 💢	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE		
	, check this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE.  Name: See Attached Address:	, check this box.	Interest Rate
i i i i i i i i i i i i i i i i i i i	, check this box.	Interest Rate
i i i i i i i i i i i i i i i i i i i	ment. (See instructions on pg. 2) ONLY IF NONE,	COFFICIAL DISE ONLY)
Name: See Attached Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employments of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon		COFFICIAL USE ONLY)
Name: See Attached Address:	ment. (See instructions on pg. 2) ONLY IF NONE,	COFFICIAL USE ONLY)
Name: See Attached Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employments of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	ment. (See instructions on pg. 2) ONLY IF NONE,	COFFICIAL DISE ONLY)
Name: See Attached  Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: See Attached  Address:	ment. (See instructions on pg. 2) ONLY IF NONE,	COFFICIAL DISE ONLY
Name: Sec Attached  Address:  10 Direct or Indirect sources of Income including (but not limited to) all employs Name: Sec Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box. Source of Gift	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL DISE ONLY)  Value of Gift.
Name: See Attached  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: See Attached  Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.	ment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL DISE ONLY)  Value of Gift.
Name: Sec Attached  Address:  10 Direct or Indirect sources of Income including (but not limited to) all employs Name: Sec Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box. Source of Gift	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including descripts)	(OFFICIAL DISE ONLY)  Value of Gift.
Name: See Attached  Direct or indirect sources of income including (but not limited to) all employs Name: See Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including descripts)	(OFFICIAL DISE ONLY)  Yatiue of Gift  on) of Gift
Name: Sec Attached  Direct Or Indirect Sources of Income including (but not limited to) all employs Name: Sec Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instruction)	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including descripts)	(OFFICIAL DISE ONLY)  Yatiue of Gift  on) of Gift
Name: Sec Attached  Direct or indirect sources of income including (but not limited to) all employs Name: Sec Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None (Name and Address)  13 Office, Directorship, or Employment in Any Business (See Instruction Business Entity (Name and Address)	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.  Circumstances (including descripts)	yelue of Gift  Value  Position Held (i.e., officer, director,
Name: See Attached  Direct or indirect sources of income including (but not limited to) all employs Name: See Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.   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 Instruction Business Entity (Name and Address)  Name: See Aftached  Address:	Circumstances (including descriptions on page 2) If NONE, check this box.	yalue of Gift  Value  Position Held (i.e., officer, director, employee, etc.)
Name: See Attached  Direct or indirect sources of income including (but not limited to) all employs Name: See Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.   Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None (Name and Address)  Source (Name and Address)  13 Office, Directorship, or employment in any business (See instruction Business Entity (Name and Address)  Name: See Attached  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business)  M. Cracker State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Sta	Circumstances (including descripts  NONE, check this box.  Ins on page 2) If NONE, check this box.  Instructions on page 2) If NONE, check this tox.	yalue of Gift  Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Name: Sec Attached  Direct or indirect sources of income including (but not limited to) all employs Name: Sec Attached  Address:  11 GIFTS (See instructions on page 2) If NONE, check this box.   Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Nones (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instruction Business Entity (Name and Address)  Name: See Attached Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  MCCACLIN Strategits LLC Bay Tinning  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See	Circumstances (including descripts  NONE, check this box.  Ins on page 2) If NONE, check this box.  Instructions on page 2) If NONE, check this tox.  Instructions on page 2) If NONE, check this tox.  Instructions on page 2) If NONE, check this tox.	yalue of Gift  Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Name: See Attached  Direct or Indirect sources of Income including (but not limited to) all employs Name: See Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None, Source (Name and Address)  13 Office, Directorship, or employment in any business (See instruction Business Entity (Name and Address)  Name: See Attached  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  McCharles Stratagits We Bay Tanker  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))	Circumstances (Including descriptions on page 2) If NONE, check this box.  Ins on page 2) If NONE, check this box.  Instructions on page 2) If NONE, check this to the instructions on page 2) If NONE, check this to the instructions on page 2) If NONE, check this to the instructions on page 2) If NONE, check this to the instructions on page 2) If NONE, check this to the instructions on page 2) If NONE, check this in the instructions on page 2) If NONE, check this in the instructions on page 2) If NONE, check this in the instructions on page 2) If NONE, check this in the instructions on page 3.	Value  Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
Name: See Attached  Direct or indirect sources of income including (but not limited to) all employs Name: See Attached  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None, Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instruction Business Entity (Name and Address)  Name: See Attached  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  McCharles Strategies Lace Bay Tanner  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of the second of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page o	Circumstances (including descriptions on page 2) If NONE, check this box.  Ins on page 2) If NONE, check this box.  In instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a set of said person's knowledge, information and be a set of said person's knowledge, information and be	Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  box. Interest Held (i.e., 5%, 10%, etc.)  Jerset Held (i.e., 5%, 10%, etc.)
Name: Sec Attached  Direct or indirect sources of income including (but not limited to) all employs Name: Sec Attached  Address:  Address:  11 Gifts (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If None (Name and Address)  Source (Name and Address)  Name: See Attached  Address:  13 Office, Directorship, or employment in any business (See instruction Business Entity (Name and Address)  Name: See Attached  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  McCharles Stratagits Lac Bay Jane:  15 Business (Name and Address)  Transferee (Name and Address)	Circumstances (including descriptions on page 2) If NONE, check this box.  Ins on page 2) If NONE, check this box.  In instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a instructions on page 2) If NONE, check this to a set of said person's knowledge, information and be a set of said person's knowledge, information and be	Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  Dox. Interest Held (i.e., 5%, 10%, etc.)  box. All to Lind  lifef, said affirmation being made subject inc.s. §1109(b).

#### Addendum to Statement of Financial Interest

April 16, 2018

#### Robert H. McGuckin

- 9) a) Citadel, PO Box 650, Exton, PA 19341 (3.09%)
  - b) Wells Fargo, PO Box 25341, Santa Ana, CA 92799 (2.9%)
- 10) a) King Laird, P.C., 360 Main St., Trappe, PA 19426
  - b) Tilson, 5 E. 1st Ave., Clifton, NJ 07011
  - c) Entourage Elite Real Estate, 1 W. 1st Ave., #320, Conshohocken, PA 19428
  - d) On The Ball Training, 824 Tennis Ave., Ambler, PA 19002
  - e) Upper Dublin Township, 801 Loch Ash Ave., Ft. Washington, PA 19034
  - f) Montgomery County Sheriff, PO Box 311, Norristown PA 19404
  - g) McGuckin Strategies, LLC, 824 Tennis Ave., Ambler, PA 19002
- 13) a) King Laird, P.C., 360 Main St., Trappe, PA 19426
  - b) Tilson, 5 E. 1st Ave., Clifton, NJ 07011
  - c) Entourage Elite Real Estate, 1 W. 1st Ave., #320, Conshohocken, PA 19428
  - d) McGuckin Strategies, LLC, 824 Tennis Ave., Ambler, PA 19002
  - e) Upper Dublin Township, 801 Loch Ash Ave., Ft. Washington, PA 19034
  - f) Montgomery County Sheriff, PO Box 311, Norristown PA 19404

2/1

# STATEMENT OF FINANCIAL INTERESTS

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

CALL LACT NAME	FIRST NAME MI SUFFIX
OI LAST NAME	BENJEWIN
02	State 7in Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (	
A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Current) E  Check this block are amending if you are filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jol	o title, etc.) seeking hold held
AASSISTANT DISTR	seeking hold held
В	
COMEDNATION ENTITY is which you grewere an Official Employee Candidate or Non	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N	TY
8	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
Assistant District Attorney	Information in Blocks 8 -15 represents disclosure for the calendar year listed here.
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	ix.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE  Name: Photo Absolute Provided Dept. G. (al. Address)	Her Mardoul Ave. Sal
Name: 1 2 Add Page 1	Westington D.C. 20202 6.6%
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employe	
Name: PMA Medical Specialists Address:	\$ 824 Main St. Suite 367
	Phoenwalle, PA 1546Q 2
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	CD Calue of Gift
Address of Source of Gift	Circumstances (including description) of Sifty
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I	NONE, check this box. 2
Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	
Business Entity (Name and Address)  Address	Graphic, and y
	e instructions on page 2) If NONE, check this box. [ Interest Held (i.e. 5%, 10% etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ee instructions on page 2). If NONE, check this box.
15 BUSINESS INTERESTS TRANSPERRED TO IMMEDIATE FAMILY MEMBER (3: Business (Name and Address)	Interest Held Relationship
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the bit	Date Transferred est of said person's knowledge, information and belief, said affirmation being made subject
to the penalties pres	and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signatu	Enter Current Date 4/4/15
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	E 13 NOT COMPLETED. MAKE A COLTTON TOOK RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

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

MCLQUQNIIN	FIRST NAME	MI SUFFIX
	Kathleen	
City	State Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT		NANCIAL ACCOUNT NUMBERS.
3 STATUS Check applicable block or blocks, more than one block may be marked.	[mark]	Check this block if you
A Candidate (including write-in)	if you a	this block are amending re filing an original filing
B Nominee C Public Office (administrator, member, Commissioner, jo	ob title, etc.) seeking hold	held
Stant Dist C	ict Attor	ney
A S S 1 3   a   V   7   U   1   3   V   V	seeking hold	held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, com	nission, county, school district, twp, etc.)
MONTGOMERYCOUN	TY	
3		
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	0 0 1 7
Assistant District Attorney	disclosure for the calendar year listed here:	2 0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	oox.	
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.	Interest Sate
Name Suntrust Bank Address	Zichmand, VA	Interest Rate SUATVUST 3. 29
	ox 9533, wilkes Barre, PA L	
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	yment. (See instructions on pg. 2) ONLY IF NONE, check this block	(OFFECIAL USE ONLY)
Address	1	
Name	,	(2)
Name Address	- 1	3
11 GIFTS (See instructions on page 2) If NONE, check this box.		Valua of Gift
Neme		
11 GIFTS (See instructions on page 2) If NONE, check this box.	Circumstances (including description)	, Value of Gift
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift		Value of Gift
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift		Value of Gift  of Gift  G
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	f NONE, check this box.	Value  Value  Position Held (i.e. officer, director.
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	f NONE, check this box.	Value Value
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name  Address:	f NONE, check this box.	Value  Value  Position Held (i.e., officer, director, employee, etc.)
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S. Name and Address of Business)	ions on page 2) If NONE, check this box.	Value  Value  Position Held (i.e., officer, director, employee, etc.)  Anterest Held (i.e., 5%, 10%, etc.)
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S.	f NONE, check this box.  ions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this box.	Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  Anterest Held (i.e., 5%, 10%, etc.)  DX. est Held
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) It Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	ions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this bo  See instructions on page 2) If NONE, check this bo  Intel Reic	Value  Value  Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  X. Interest Held (i.e., 5%, 10%, etc.)  ast Held (itonship)  Transferred
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)	ions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this bo  See instructions on page 2) If NONE, check this bo  Intel Reic	Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  X. Interest Held (i.e., 5%, 10%, etc.)  DX. est Held (i.e., 5%, 10%, etc.)  Transferred  ef, said affirmation being made subject
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)  Name  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (SName and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the	see instructions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this box.  See instructions on page 2) If NONE, check this box.  Interest Relication and believe the public Official and Employee Ethics Act, 65 Pa.C.  Enter Current Date	Value  Value  Value  Position Held (i.e., officer, director, employee, etc.)  X. Interest Held (i.e., 5%, 10%, etc.)  DX. est Held (i.e., 5%, 10%, etc.)  Transferred  ef; said affirmation being made subject (i.s., §1109(b), 100, 100, 100, 100, 100, 100, 100, 10

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

PLEASE PRINT NEATLY **SUFFIX** МΙ FIRST NAME LAST NAME 01 N 0 B Area Code Phone Zip Code State 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E Check this block if you are filing D Public Employee (Current) are amending C Public Official (Current) A Candidate (including write-in) an original filing as a solicitor D Public Employee (Former) C Public Official (Former) Nominee hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking В 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.) O  $N \mid N$ В 07 YEAR SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents disclosure for the calendar year listed here ADMINISTRATOR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate 09 Address: 202W Ridg PK 57490 Carch PA 19428 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. 🛂 Address Name: GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) of Giff Address of Source of Gift Value TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Source (Name and Address) Position Held (i.e., officer director employes, etc.) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred oformation is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject Transferee (Name and Address) norities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). The undersigned to the penalties p Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

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

FIRST NAME	MI SUFFIX
1 LAST NAME	$\mathcal{M}$
MCMENAMIN	ode Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECOND	
to black as blocks, more than one block may be marked. (See instructions on page 2)	Check this block if you
Condidate (including write-in) C Public Official (Current) D Public Employee (Current) E if	heck this block are amending you are filing
B Nominee C Public Official (Former) D Public Employee (Former)	s a solicitor all original miles
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	L_ held
AASSW DISRICT ATTORNEY	
seeking hold	held
В	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board	l, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N T Y	
B 07 YEAR SEE INSTRUCTIONS.	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  Information in Blocks 8 -15 represents disclosure for the calendar year listed her	re: 2 0 1 7
ASRN. DISTRICT MITARINEY	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
tions an agga 2) Creditor (Name and Address) If NONE, check this box.	Interest Rate
09 CREDITORS (See instructions on page 2). Creditor (Name and Address)  Address:	Illianest Vare
Name:	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NON check this bit	IE, (OFFICIAL USE ONLY)
Address:	23
Name.	
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
Source of Gift	
Circumstances (including des	cription) of Gift
Address of Source of Gift	Makin 🔘
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	value .
Source (Name and Address)	
THE PROPERTY OF EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If No.12, Williams	Position Held (i.e., officer, director, employee, etc.)
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ACCURATION AND ADDRESS Entity (Name and Address)	
Name:  Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check	this box. Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruction of Page 1) Name and Address of Business	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check	k this box.
Business (Name and Address)	Deta Transferred
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information is true and correct to the best of said person's knowledge, information is true and correct to the best of said person's knowledge, information is true and correct to the best of said person's knowledge, information is true and correct to the best of said person's knowledge, information is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to the best of said person is true and correct to th	and belief; said affirmation being made subject
to the penalties pre-	(3/20 120/1
Signati Enter Curro	PPY FOR YOUR RECORDS.
Signat  THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A CO	

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

PLEASE PRINT NEATLY	(717) 783-1610 • TOLL FREE 1-800-932-09
01 LAST NAME FIRST NAME	
MEMBERG	LTH
02	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR S	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
[2]	oloyee (Current) E Check this block block if you
B Nominee C Public Official (Former) D Public Emp	if you are filing are amending above (Former) as a solicitor an original filing
	seeking 🔀 hold 🗌 held
ABOARDMEMBER	
	seeking hold held
В	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, ag	gency, authority, borough, board, commission, county, school district, twp. etc.)
AREDEVELOPMENT AUTH	3 R 1 T Y
в	
Information i	E INSTRUCTIONS. in Blocks 8 -15 represents or the calendar year listed here:  2 0 ( 8
	or the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	2749 w.m.
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Address:	Interest Rate
	78 23 TT
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruct	ions on pg. 2) ONLY IF NONE, Check this block (OFFICIAL USE ONLY)
	balls St, South Zuzzoon 5
Mock tons	Pa 19401 5 5
11 GIFTS (See instructions on page 2) If NONE, check this box.	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)	
	NONE check this box Position Held (i.e., officer, director,
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If I Business Entity (Name and Address) عنظ المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظ	none, check this box employee, etc.)
Name: Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on p Name and Address of Business	rage 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on Business (Name and Address)	page 2) If NONE, check this box.
Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person't to the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by the penalties prescribed by	s knowledge, information and belief; said affirmation being made subject and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature	Enter Current Date 3 - (C - 18
THIS FORM TO CONSIDERED DEFICIENT II ANT BECOK ABOVE TO NOT COMP	PLETED. MAKE A COPY FOR YOUR RECORDS. 1/2

# 13. Office Directorship or employment in any business

#### **Employment**

Genesis Housing Corp., Executive Director

#### Serve on Boards

Redevelopment Authority of Montgomery County, Norristown Reinvestment Fund, Philadelphia Community Lenders, Souderton Mosaic Community Land Trust, Pottstown

#### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938

LAST NAME	FIRST NAME MI SUFFIX
Mercurio	Jennifer S
DTE: 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 mar	ked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current)	D Public Employee (Current) E Check this block if you
B Nominee C Public Official (Former)	D Public Employee (Former) as a solicitor an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commission	James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James James
	5. job die, etc.) seeking indu indu
GOVERNMENTAL ENTITY in which you arehvers an Official Employee Candidate a	r Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Montgomery (1010)	nty office of Pul
environmental Nearth Specialist	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
sewage Enforcement Offices	disclosure for the calendar year listed here: 2 0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	s box. 🗶
Name: Clirral Loan Kamunistration Addin	<b>4</b>
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all em	ployment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name Montcomery County Addr	ess P.O Box 311 Nerristern PA
Havard Hughes Medical Institute -Ma	i i i i i i i i i i i i i i i i i i i
GIFTS (See instructions on page 2) If NONE, check this box.	yganu
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	
Source (Name and Address)	THORE, CHECK LINE DOZ.
OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instru	ictions on page 2) If NONE, check this box. Position Herd (i.e. officer, director,
Business Entity (Name and Address)	employee, etc.)
Name. Addre	ss:
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business	
	9
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 e best of said person's knowledge, information and belief, said affirmation being made subject
ne penalties pr	the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signa	Enter Current Date 5/1/8
THIS	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
	of 4)

# STATEMENT OF FINANCIAL INTERESTS

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

D1 LAST NAME	FIRST NAME MI SUFFIX
MEYER	DANA
NOTE IF YOU ARE INTO SUMMERS OF SHORENING TO HOS INCLUDE ANY	YTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACLICUMY NUMBERS
3 STATUS Check applicable block or blocks, more than one block ma	ay be marked. (See instructions on page 2)  Check this
A Candidate (including write-in) C Public Official (C B Nominee C Public Official (F	if you are filing are amending
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Cor	mmissioner, job title, etc.) seeking X hold held
PROGRAM SPECI	IALIST
A service to the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than the former than t	seeking hold held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Ca	andidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
MONTGOMERY CO	Plunty
6 OCCUPATION OR PROFESSION (This may be the same as block 4)	
Program Specialist	disclosure for the calendar year listed here:  2 0 1 7
8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, or	check this box. 🔀
CREDITORS (See instructions on page 2). Creditor (Name and Address Name	ss) If NONE, check this box. Interest Rate
0 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited	to) all employment. (See instructions on pg. 2) ONLY IF NONE, OF TAL USE ONLY)
Mantagnen, Causti	check this block.  Address: 1430 Dekalb St. Po Box 31745
Name Montgomery County	Norristown PA 19404-0311875 =
1 GIFTS (See instructions on page 2) If NONE, check this box.	PM Valuetr Gift
Source of Gift	Value of offi
Address of Source of Gift	Circumstances (including description) of Gift
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on	page 2) If NONE, check this box.
Source (Name and Address)	
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (\$	See instructions on page 2) If NONE check this box Position Held (i.e. officer director
Business Entity (Name and Address)	employee, etc.)
Name: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR I	Address:  PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e. 5%, 10%, etc.)
Name and Address of Business	
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY N	
Business (Name and Address)  Transferee (Name and Address)	Interest Held Relationship Date Transferred
he undersigned hereby affirms that the foregoing information is true and coro the penalties pres	errect to the best of said person's knowledge, information and belief, said affirmation being made subjectivities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signatu	Enter Current Date 4-6-18
THIS	K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# **STATEMENT OF FINANCIAL INTERESTS**

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

									_		E PR															
01	LAST NA	ME						, ,			,	F	IRST	NAM	Ę	,	·	.,						VII.	SUF	FIX
	ME	YE	<u>e</u>									4	A	U	<u></u>	<u> </u>		L		<u></u>				W		
02	ADDRESS	i office (busi	ness or	gover	nmenta	l) or ho	me		(	City							Sta	ite	ZIp	Code	)	Area C	ode		Phone	9
N	OTE; IF YOU	ARE INCLUE	ING AT	TACHI	ENTS,	DO NO	T INCL	UDE A	NYTH	HING	THAT	BEA	R\$ Y0	אטכ:	SOCIAL	SEC	URIT	Y NU	MBER	OR	FINAI	VCIAL	ACCC	UNT	NUM	BERS.
03	STATUS	Check appl	icable b	lock or	olocks,	more th	an one l	block π	nay b	oe ma	rked.	(See	instru	ctions	on pag	e 2)								Che	ck th	is.
	А 🗌 В 🔲	Candidate (in Nominee	acluding	y write-ir		F-174	Public (				D D				oloyee ( oloyee (			Ε	i	you	this i are fil olicito	ing		are	ck if y amen origin	
04	PUBLIC P	OSITION OR	PUBLI	C OFFI	CE (adn	ninistrat	or, mem	ber, C	omm	rission	ner, jo	b litle	etc.)		seeking	1 .		9	hold			held				
Α	OPE	=  시	5	P	A- C	<u>- [</u>		80	0	A	K	D														
r	····	<u> </u>	<del></del>	· · · · · ·		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	r		<del>,</del>	p	<del>,</del>		seeking	1	[		hold	•		held				
В							<u></u>												<u> </u>				ļ			
05	GOVERNI	IENTAL ENTI	ſY ln wh	ich you a	re/were	an Offic	ial, Emp	loyee, (	Candl	idate (	or Non	inee (	e.g., d	lept, a	gency, a	uthorii	ity, bor	ough,	, board	l, com	missio	in, cou	nty, sch	ool di	strict,	twp, etc.)
A	MO	270	. 0	M	<u> </u>	? 4		c	0	ں	نہ	7	4													
в								Т	$\neg$			·									<u> </u>				<u> </u>	T
06	OCCUPAT	ION OR PRO	FESSI	ON (Thi	s may b	e the sa	ame as	block 4	<u>.</u>			07 \	EAR	SE	E INST	RUCT	rions	3	<del></del>		<u> </u>	<u></u>			<u></u>	11
		EN		•	•		-///		,			1	nform	ation	in Block or the ca	s B -1	15 rep	reser		. [	2	0		77	17	,
08		ATE INTERE					e 2) If	NONE	, che	ack th	ils bo			35101	<i>y</i>	101100		11300		3. L			1.5		• (	
			·				·		•			<b>p</b> -	•													
09	CREDITOR	RS (See Instru	ictions (	on page	2). Сге	ditor (N	ame an	d Addre	ess)	If N	IONE,	chec	k this	box.	Ø											
	Name:									044												Inter	est Rai	8		
			•						_	Add	(055)															
10	DIRECTOR	INDIRECTS	OURCE	S OF IN	COME	includina	n (but no	t limite	- -			went (	See in	nstaic	ions on	DO 2)	ONI	V IE	NONE			(0)	EICIA	1 119	E ON	
10		R INDIRECT S						ot limite	d to)	all en	nploym						che	ck th	ia plo	ck. L		(OF	FICIA	L US	E ON	LY)
10		INDIRECTS		S OF IN				ot limite	- ed to)	all en	nploym	94.	4	ME	ADO	w.	che d Cd	ck th	is bloc	ck. L		(0)	FICIA	L US	E ON	LY)
10	Name: M			928	ORE	701	u_		d to)	all en	nploym	94.	4	ME		w.	che d Cd	ck th	is bloc	ck. L		(0)	FICIA	L US	E ON	LY)
	Name: M	DRRIS		928	ORE	701	u_		- ed to)	all en	nploym	94.	4	ME	ADO	w.	che d Cd	ck th	is bloc	ck. L		·	FICIA		E ON	LY)
	GIFTS (Se Source of Gi	DRRIS		928	ORE	701	u_		ed to)	all en	nploym	94.	4	ME	ADO	PA	che	ck th 2014 191	is bloc	ck. [		·		] <del>[</del> 3	E ON	
11	GIFTS (Se Source of Gill Address of Sou	DRRIS ee instructions (t	on pag	9 e e	NONE	TOA	this bo	эх. 🔀	- F	all en	nploym	94. In	42	ME	Ckroum	PA PA	che	ck th 2014 191	is bloc	ck. [	of Gitt	Val			E ON	Total Control
	GIFTS (Se Source of Gil Address of Sou	DRRIS	on pag	9 e e	NONE	TOA	this bo	эх. 🔀	- F	all en	nploym	94. In	42	ME	Ckroum	PA PA	che	ck th 2014 191	is bloc	ck. [	of Gitt	Val.			E ON	
11	GIFTS (Se Source of Gil Address of Sou	DRRIS  De instructions (I)  Lirce of Git	on pag	9 e e	NONE	TOA	this bo	эх. 🔀	- F	all en	nploym	94. In	42	ME	Ckroum	PA PA	che	ck th 2014 191	is bloc	ck. [	of Gitt	Val.			EON	Total Control
11	GIFTS (Se Source of Gil Address of Source (Nam OFFICE, D	DRRIS  De instructions (I)  Lirce of Git	on pag	ge 2) I	NONE	T (See	this be	ox.	in pag	Add	If N	941 Pm	chec	MEA	Circum	PA	che	Luding	is block	ck. [	of Gitt	Value Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	ue of G			Total Control
11 [	GIFTS (Se Source of Gil Address of Source (Nam OFFICE, D	pe instructions it  RTATION, LC ie and Address)	on pag	ge 2) I	NONE	T (See	this be	ox.	nn pag	Add	If N	941 Pm	chec	MEA	Circum	PA	che	Luding	is block	ck. [	of Gitt	Value Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	ue of Gi			
11	GIFTS (Se Source of Gill Address of Source (Name)  OFFICE, D Business E Name:  FINANCIAL	pe instructions it  RTATION, LC ie and Address)	DDGING	ge 2) I	PITALIT	TO A	this bo	viions of	nn pag	Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Addres	If Ni	941.	chec	MEA	Circum box.	PA	che	19.	is block	Dollon) o	of Gir	Valida San San San San San San San San San Sa	ue of Gi	- 1018 HAY - 110: 1	fficer, o	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11	GIFTS (Se Source of Gil  Address of Source (Nam  OFFICE, D  Businoss E  Name:  FINANCIAI  Name and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Address and Add	pe instructions ft  grant of Gitt  RTATION, LC  te and Address)  RECTORSH inity (Name an	DDGING  IP, OR Ed Addres	ge 2) I	NONE PITALIT	T (See	this bo	NESS (	(See	all em Adde	If No.	94.	chec	k this	Circum  NONE,	PA	che de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de	/9. box.	is bloo	blion) o	of Git	Valida San San San San San San San San San Sa	ue of Gi	- 1018 HAY - 110: 1	fficer, o	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11 [	GIFTS (Se Source of Gil  Address of Source (Name)  OFFICE, D Business E Name:  FINANCIAI Name and Ac  BUSINESS Business (Na	pe instructions It  RTATION, LC is and Address  IRECTORSH inflity (Name an	DDGING DDGING IP, OR E d Addres IN ANY	ge 2) I	NONE PITALIT	T (See	this bo	NESS (	(See	all em Adde	If No.	94.	chec	k this	Circum  NONE,	PA	che de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de Carlon de	/9. box.	ls blood	botion) of the box.	of Gift	Valida Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	ue of Gi	- 1018 HAY - 110: 1	fficer, o	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11 12 13 14	Address of Source (Name: Mame: Address of Source (Name: FINANCIA! Name and Address (Name: Rinancial Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	ee instructions It  RTATION, LC le and Address INTEREST  INTERESTS	DDGING DDGING IP, OR E d Addres IN ANY	ge 2) I	NONE PITALIT	T (See	this bo	NESS (	(See	all em Adde	If No.	Pro-	chec chions	MEA A On p	Circum box. [ NONE, age 2)	If No	che  Che  Che  Che  Che  Che  Che  Che	box.	ls bloom	box. s box.	k. K. st Held onship in Transfer it, sald	Valida Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	n Field	2018 HAY - 1.00: 13	16cer, 9	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
11 12 13 14	Address of Source (Name: Name: Address of Source (Name: Name: FINANCIA! Name and Address (Name: BUSINESS Business (Names)	ee instructions It  RTATION, LC le and Address INTEREST  INTERESTS	DDGING DDGING IP, OR E d Addres IN ANY	ge 2) I	NONE PITALIT	T (See	this bo	NESS (	(See	all em Adde	If No.	Pro-	chec chions	MEA A On p	Circum  NONE,  age 2)	If No	che  Che  Che  Che  Che  Che  Che  Che	box.	ls bloom	box. s box.	k. K. st Held onship in Transfer it, sald	Valida Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	n Field	2018 HAY - 1.00: 13	16cer, 9	Fred (c)
11 12 13 14	Address of Source (Name:  TRANSPO Source (Name:  OFFICE, D Business E Name:  FINANCIAI Name and Address (Name:  GUSINESS Business (Name: Transferso (Undersigned to penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the penalties in the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the signed to the sign	ee instructions It  RTATION, LC le and Address INTEREST  INTERESTS	DDGING IP, OR E d Addres IN ANY	GREEN TO SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVI	NONE PITALIT	TY (See	this book instruction of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	NESS (	(See	ge 2)  Instru	If Notes that the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	941 Protection of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	chec	k this a on p	Ckram box.  NONE,  age 2)  bage 2)	If NO	che de Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	box, check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the c	description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description and description an	box.  s box.  Interest elaborate 1  Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent Parent P	of Gitt  Line of Gitt  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of Helder  Line of	Valida Composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the compos	n Field attorn to	2018 11 10 10 10 10 10 10 10 10 10 10 10 10	16cer, 9	Fred (c)

# 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  M I L L E R B A R R Y M
02	A
NC	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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E X Check this block if you are filing as a solicitor an original filing
04	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing  PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
<u>_</u> [	S O L I C I T O R
L	seeking hold held
в	Joseph John John John John John John John Joh
L	
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.)
`` L	SKIPPACK TOWNSHIP
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS
	ATTORNEY  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. X
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: CITIZENS BANK Address: NORRISTOWN, PA 4.25%
10	LINE OF CREDIT Current Balance -0 -  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: LAW OFFICES OF BARRY M.MILLER Address: 54 East Penn Street
	Norristown, PA 19401
11	GIFTS (See instructions on page 2) If NONE, check this box. X
Γ	Source of Gift Value o CONTROL Value o CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL VALUE O CONTROL
L	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
۰ <u>-</u> ۲	Source (Name and Address)
[	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address)  54 E. Penn Street  Position Helek (s.e., officer, diffector. employee. etc.)
	Name: LAW OFFICES OF BARRY M.MILLFRedress: Norristown, PA 19401
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
	LAW OFFICES OF BARRY M. MILLER
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. X  Business (Name and Address) Interest Held
	Relationship Transferee (Name and Address)  Date Transferred
	undersigned he to the best of said person's knowledge, information and belief; said affirmation being made subject es penalties pres es) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signatu Enter Current Date
	THIS FORM TO CONSIDERED DETICIENT IN THAT DECOMPOSE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME  (1) A R F N	MI SUFFIX
02	M L C C C C C C C C C C C C C C C C C C	Maybe and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and	harman language and the same and
02			_
NO	TE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER	R OR FINANCIAL ACCOUNT NUMBERS
03	STATUS Check applicable block or blocks, more than one block may be marked. ( A Candidate (including write-in) C Public Official (Current) D  Nominee C Public Official (Former) D	Public Employee (Current) E	Check this block If you are filing as a solicitor  Check this block are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job	o title, etc.) seeking hold	held
A .	DEPUTY CONTROLL	FRACCOU	NTING
в		i i i i i i i i i i i i i i i i i i i	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, boar	d, commission, county, school district, twp, etc.)
A	COUNTY OF MONTO	OMERY PA	
В			
06	OCCUPATION OR PROFESSION (This may be the same as block 4) $\widehat{A}(C_1)\cup \mathcal{N} \neq A_{\mathcal{N}} \neq \emptyset$	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed he	ore: 2 0 / <b>%</b>
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	х. 🔀	20 60 70 70 70
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name  Address:	check this box. 🔀	Imterest Ratio
10	Name  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Address:	nent. (See instructions on pg. 2) ONLY IF NON check this bi	IE, (OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.		
	Source of Gift		Value of Gift
`	Address of Source of Gift	Circumstances (including desc	cription) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	NONE, check this box.	Value
:			
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	a	Position Heid (i.e., officer, director, employee, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Sec	2 COVERNS   C   SOTTE   FE   SOURCE   15 NONE, check to	his box. Interest Held (i.e., 5%, 10%, etc.)
	SALVETO IMPORTS OF PA 2 GOVERNOR Rd HOL	15han Pd 19044	50%
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	ee instructions on page 2) If NONE, check	this box. Interest Held Relationship
The	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the be	est of said person's knowledge, information a	Date Transferred nd belief, said affirmation being made subject
to t	he penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and t	the Public Official and Employee Ethics Act, 6	5 Pa.C.S. §1109(b).
	Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE	Enter Curren	

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0904

PL	EASE PRINT!	NEATLY							
MININGER		IRST NAME	merkanasion com aformman as	Ry	/			MI A	SUFFIX
02									
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTH	HING THAT BEA	RS YOUR S	OCIAL SEC	CURITY N	JMBER	OR FINA	NCIAL AG	COUNT	IUMBERS.
STATUS Check applicable block or blocks, more than one block may be	pe marked (See	nstructions	on page 2)					Chec	k this
A Candidate (including write-in) C Public Official (Curi	re con	•	oloyee (Curro		ıf y	neck this you are fi a solicite	ing	block are a	if you mending iginal filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Comm	nissioner, job title	, etc.)	seeking		hold		held		
HEALTHINSPEC	ron								
			seeking		hold		held		*******************************
3	1 500 50 1000 - 2440 1040 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 1480 - 148								
COVERNMENTAL ENTITY in which you are/were an Official, Employee, Cand	lidate or Nominee	(e.g., dept. a	gency, author	nty, boroug	h, board.	commissi	on, county.	school dis	trict, twp, etc
ANONTGOMETY CO	UNT	4	146	AL	1	14	0 4	P	6
в			***************************************	1		]			
		<u> </u>	<u> </u>			L			<u> </u>
OCCUPATION OR PROFESSION (This may be the same as block 4)			E INSTRUC in Blocks 8 -		ents	2	0 7	8	
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, che		disclosure fo	or the calend	dar year lis	ted here				
CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name	If NONE, chec	ck this box					Interest	Rate	
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to)  Name Morry Corry  Warnt Obp	Address 30		, st	check f	F NONE, this bloc	k. []	(OFFI	CIAL USE	ONLY)
GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift							Value	of Gift	
Address of Source of Gift	i		Circumstan	ices (includir	ng descrip	tion) of Gif	C"2	Ţ.,	
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on pa	age 2) If NONE	, check this	s box.			:	Value :	1	
Source (Name and Address)	Ana. maani aan muu mu samu								
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Business Entity (Name and Address)	e instructions on	page 2) If	NONE, che	ck this bo	ж. []	in a constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant	Position I Lemployer		fider, director
Name	Address	uotopo on r		NONE: ch	ook this	hov	Interest I	Held (i.e. 5	%. 10% etc.)
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PR Name and Address of Business	KOFII (See Insti	uctions on p	oage Z) IT	NONE; ch	eck this	DOX.	THE COLL	reid (i.e., 5	. 1070 00
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEI Business (Name and Address)	MBER (See ins	tructions on	page 2) If	NONE, cl	- 1	Interest He			
Transferee (Name and Address)	the best of	anid naraani	e knowleds	o informat		Relationsh Date Trans	ferred	on hoine	made cubica
The undersigned her the first that the undersigned her the first that the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned her the undersigned			s knowledge and Employ			Pa.C.S. §	1109(b).		made subjec
Signati					Current D			-1E	3
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOC	K ABOVE IS	NOICOM	PLETED.	MAKEA	COPY	FOR YO	UK REC	UKDS.	

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY -î01 SUFFIX LAST NAME FIRST NAME I 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block are amending if you are filing D Public Employee (Former) an original filing C Public Official (Former) Nominee as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held E seeking hold held R 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.) 05 0 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR **SEE INSTRUCTIONS** MONT.CO. ASST. DIRECTOR-TAX CLAIM Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address)

If NONE, check this box. 

Address: PO BOX 6906 Interest Bate Address PO BOX 69063 Dallas TX 7526 PO BOX619063 Dallas TX 75261 antander DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) One montgomeny Plazatheck this block. Name: Montgomeny Count If NONE, check this box. GIFTS (See instructions on page 2) Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 employee, etc.) Business Entity (Name and Address) Address Name: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box, Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)

to the penalties pre-cribed by 18 Do C \$ \$4004 (increase falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa C.S. \$1109(b).

Signat

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

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

Business (Name and Address)

Interest Held

Relationship
Date Transferred

# Statement of Financial Interest – Continuation Page Michele Minnick – Candidate for Whitpain Township Supervisor Block 10 - Direct or Indirect Sources of Income

1018 Wissahickon Ave. Penllyn, PA 19422 – monthly rent of \$1,350.00 1037 West Ave. Penllyn, PA 19422 – monthly rent of \$1,800.00

## STATEMENT OF FINANCIAL INTERESTS

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

01	MOELLER	FIRST NAME	MI SUFFIX
02			
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	T BEARS YOUR SOCIAL SECURITY NUMBER OR FIN	IANGIAL ACCOUNT NUMBERS,
03	STATUS Check applicable block or blocks, more than one block may be marked.  A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	(See instructions on page 2)  Public Employee (Current)  Public Employee (Former)  Check the fit you are as a solice	e filing are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob title, etc.) seeking hold	held
ΑĹ	ENUIROUMENTAL H	EALTH SPE	CIALIST
в		seeking hold	held
05 A	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor $M$ $U$ $W$ $T$ $G$ $O$ $M$ $E$ $R$ $Y$ $C$ $O$ $Y$ $W$	minee (e.g., dept, agency, authority, borough, board, commis	ssion, county, school district, twp, etc.)
в			
06 F	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	[0]/]
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name Address.		Interest Rate
10	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	F. D. Box 311  Tistorm, PA 19404	(OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	Circumstances (including description) of C	Value of Orifit
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If 1 Source (Name and Address)	NONE, check this box.	Value
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address	ons on page 2) If NONE, check this box.	Position (Tap (i.e. officer, director, employee etc.)
14	Name: Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)  Transferee (Name and Address)	Interest Relation Date Tra	Held ship ansferred
	undersigned hereby affirms that the foregoing information is true and correct to the be e penalties prescrib	est of said person's knowledge, information and belief; s and Employee Ethics Act, 65 Pa.C.S.	said affirmation being made subject §1109(b).
	Signature _ THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	EIS NOT COMPLETED. MAKE A COPY FOR Y	7/26/18 OUR RECORDS.

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

	FLEASE FRAN INCARE
01	LAST NAME FIRST NAME MI SUFFIX
	MOHR CHLOE M
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
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)  Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A [	PLANNER
l	seeking hold held
_ [	350KNING INCIDENT THEIR
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.,
А	MONTGOMERY COUNTY PLANNING COM
В	MISSIO/V
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	Planner Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.
	Name: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	check this block.
	Name: Address:
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Valper of Gift
	Source of Gitt
	Address of Source of Gift Circumstances (including description) of Circumstances
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
	Business Entity (Name and Address)
	Name: Address:  ENANCIAL INTEREST IN ANY LEGAL ENTITY IN RUSINESS FOR PROFIT (See instructions on page 2) If NONE check this box. V Interest Held (i.e., 5%, 10%, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
	Business (Name and Address) Interest Held Relationship
The	Transferee (Name and Address)  Date Transferred  undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject
	e penalties prescril
	Signature Enter Current Date 4/12/2018
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

PLEASE PRINT NEATLY

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

	LAST NAME	FIRST NAME		MI SUFFIX			
	MOFR	SEAW					
02	ADDRESS office (business or governmental) or home City	St	ate Zin Code	Area Code Phone			
NC	DTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL SECURIT	Y NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.			
03	STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)		Check this			
	A Candidate (including write-in) C Public Official (Current) D  B Nomínee C Public Official (Former) D	Public Employee (Current)  Public Employee (Former)	E Check this if you are fil as a solicito	ling are amending			
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	ob title, etc.) seeking	🔀 hold 🗌	held			
A [	GIS SUPERVISOR						
<u>.</u> [		seeking	hold	held			
<u>"  </u>	SUPERUJSOR						
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Not	ninee (e.g., dept, agency, authority, bo	rough, board, commissio	on, county, school district, twp, etc.)			
A [	MON160MERY COUN	111					
В	TREDYFPRIN JOUN	SHIP					
08	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTION	. [				
	GI) Superior	Information in Blocks 8 -15 rep disclosure for the calendar year		0 1 7			
08							
	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	,		Lanca and A. Proper			
	Name: Address:			Interest Rate			
10	Name: Address:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	ment. (See instructions on pg. 2) ON		(OFFICIAL USE ONLY)			
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Egyst Work force  Address:	ment. (See instructions on pg. 2) ON che 523 Wallywass Ave	eck this block.				
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Egyst Work force  Address:	ment. (See instructions on pg. 2) ON che	eck this block.	(OFFICIAL USE ONLY)			
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Egyst Work force  Address:	ment. (See instructions on pg. 2) ON che 523 Wallywass Ave	eck this block.	(OFFICIAL USE ONLY)			
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Talight Ward force  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ment. (See instructions on pg. 2) ON che 523 Wallywass Ave	eck this block.	(OFFICIAL USE ONLY)			
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Talight Ward force  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ment. (See instructions on pg. 2) ON che 523 Hollywsol Are Charry Hill, Mi	eck this block.	(OFFICIAL USE ONLY)			
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Name: Talight Ward force  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ment. (See instructions on pg. 2) ON che  523 Hollywass Are  Charry Hill, Ma	cluding description) öf-Gir	(OFFICIAL USE ONLY)			
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  This had been sourced from the source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Income including (but not limited to) all employs Address:  Address:	ment. (See instructions on pg. 2) ON che  523 Hollywass Are  Charry Hill, Ma	cluding description) öf-Gir	(OFFICIAL USE ONLY)			
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  This had been sourced from the source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Income including (but not limited to) all employs Address:  Address:	Charage Libert Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage Charage	cluding description) as Gir	(OFFICIAL USE ONLY)			
11 [	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  Address:  Address:  Address:  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on Business Entity (Name and Address)  Name:  Address:	Charage Line  Circumstances (Inc.)  NONE, check this box.	cluding description) at Gir	(OFFICIAL USE ONLY)  Value of Gift  Value of Gift  Value of Gift  Position Held (i.e., officer, director, employee, etc.)			
11 [	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  Last Ward Force  Address:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	Charage Line  Circumstances (Inc.)  NONE, check this box.	cluding description) at Gir	(OFFICIAL USE ONLY)  Value of Gift  Value of Gift  Value of Gift  Position Held (i.e., officer, director, employee, etc.)			
11 [ [ 12 [ 13 ]	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  CIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  Address:	Circumstances (incomes on page 2) If NONE instructions on page 2) If NONE instructions on page 2) If NONE	cluding description) & E. Check this box.	Value of Gift  Value of Gift  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)			
11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If I Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))  Transferee (Name and Address)	Charage Mone, check this box.  Charage If NONE, check this einstructions on page 2) If NONE  If NONE on page 2) If NONE	cluding description) at Gift s box.  check this box.  Interest Hell Relationship Date Transf	Value of Gift  Value of Gift  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)			
11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Willyward Ava Charry Williams on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 2) If NONE are instructions on page 3.	s box.  check this box.  Interest Hel Relationshir Date Transformation and belief; said	Value of Gift  Value of Gift  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)			

# STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY		
01	LAST NAME FIRST NAME	MI	SUFFIX
	MONTEFUSCO NICHOLAS	$[\omega]$	
02	State Zin Code Area Cou	1 <u>.</u>	Phone
NOT	E: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL A	CCOUNT	NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor	bloc are a	ck this k if you imending riginal filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		
A [	REGULATING EHS		
	seeking hold held		
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 dis	strict, twp, etc.)
A [	MCHD		
В ;			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.		
	Williamontal Health Special ist Information in Blocks 8-15 represents disclosure for the calendar year listed here:	77	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.		
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address:	st Rate	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.	FICIAL US	E ONLY)
	Name: Address.		
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value	e of Gift	
		1:	
L	Address of Source of Giff Circumstances (including description) of Gift	= -	er eco
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	n	, ]
1	Source (Name and Address)	F.	
13		n Held (i.e., d	officer, director,
	Name: Address:	7	
14		r Held (i.e., S	5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.	~ <del>~~~</del>	
	Business (Name and Address)  filterest Hold Relationship		
The	Transferee (Name and Address)  Date Transferred  undersign  ect to the best of said person's knowledge, information and belief; said affilm  transferred  Date Transferred		made subject
	brities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	(1ir	<del>-</del>
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RE	CORDS.	<del>_</del>

# STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
MOORE	CHAD
02	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked.  A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Current)  Public Employee (Former)  E Check this block if you are filing as a solicitor  Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking 🔀 hold 🗆 held
APAYROLLMANA61=R	
В	seeking hold held
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A CNTYOFMUNTGOMER	у
В	
OCCUPATION OR PROFESSION (This may be the same as block 4)  OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
Mat Bank	1600 Med. cal Dr. Poths Avro, PA 19444 60.24%
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs that the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same an	ment. (See instructions on pg. 2) ONLY IF NONE, Check this block. (OFECIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value v)Gift
Source of Gift	
Address of Source of Gift	Circumstances (including description) of Gift C
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If It Source (Name and Address)	NONE, check this box. Value
Source (Marille and Account)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: Address:	ns on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name: Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)  Transferee (Name and Address)	Interest Held Relationship Date Transferred
to rest to the his	est of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
Signatur THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#### STATEMENT OF FINANCIAL INTERESTS

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

01	MUHammad Firs	T NAME	MI SUFFIX
02	2 ARCCIO (6 11 )	Charles Am	- Code Dhees
NO.	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS	YOUR SOCIAL SECURITY NUMBER OR FINANC	IAL ACCOUNT NUMBERS.
03	A Candidate (including write-in) C Public Official (Current) D V Pu	ructions on page 2)  blic Employee (Current) E Check this blor if you are filing as a solicitor	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, et	c.) seeking hold he	eld
A [	DISEASE INTERVENT	10 W S PEC	1 A L I ST
в		seeking hold he	eld
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	MONTGOMERY COUNTY	OFFICEOF	PUBLIC
в	HEALTH		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEA		
P		rmation in Blocks 8 -15 represents  Abosure for the calendar year listed here: 2   0	) [ 7 ]
80	•		
2	22 S KIRKYN AVE UPPOR DORBY PA 19		
Q9 	Name: Well's Farzo Address: PUR Navient POBCY 953	3 CX 10335 Dx Mounes IA 3 CX/VCS-BOXIEPA 1873	
10	Name Montgomery country office Address 143 of Public I reacture Novem	check this block. C  Delcalb St  Us tawn PA 15404	(OFFICIAL USE ONLY)
11	1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	Circumstances (including description) of Gift	Value of Gvft
12	2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, ch Source (Name and Address)	neck this box. Va	Jule - G
13	3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page Business Entity (Name and Address)	je 2) If NONE, check this box.	osition Held (i.e., officer, director, mployee-atc.)
_	Name: Address: 4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instruction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contr	ions on page 2). If NONE check this how [X] if	nterest Held (i.e., 5%, 10%, etc.)
14	Name and Address of Business	ions on page 2) In NONE, offers and social	
15	Business (Name and Address)  Business (Name and Address)	Interest Held Relationship	
	Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said	Date Transferr  I person's knowledge, information and belief, said a	ffirmation being made subject
to th	the undersigned hereby had be 18 Be C.S. 54904 (unsuper falsification to authorities) and the Public Signat  THIS FORM/S CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NO.	Enter Current Date	1130/18

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

	FIRST NAME MI SUFFIX
01	LAST NAME  FIRST NAME  JOAN  H  SUFFIX
02	
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)  Check this block if you
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E L1 Check this block are amending if you are filling
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	FIRSIT DEPUTY REGISTER OF WILLS
	seekingholdheld
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.)
Α [	MORSTGOMERY COUNTY
в	
L	OCCUPATION OF PROFESSION (This may be the same as block at 107 YEAR SEE INSTRUCTIONS.
06	Information in Blocks 8 -15 represents
	disclosure for the caleridar year listed here.
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address:  Address:
	Name:Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	<i>i</i>
	Name: MUNTGUTIERY COUNTY Address: FOBOX31/ NORRISTOWN PK 19484
11	
	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift
ı	Address of Source of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of Gift Circumstances (including description) of G
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
	Source (Name and Address)
_	Position Held (i.e., officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Position Held (i.e., officer, director, employee, etc.)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, CHeck this BOX.  Business Entity (Name and Address)  Name:  Address:
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, Check this box.  Business Entity (Name and Address)  Address:
14	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, Check this box.  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  Interest Held (i.e., 5%, 10%, etc.)
	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, CHeck this box.  Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)
14	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)
14 15	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Business (Name and Address)
14 15	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, Check this box.  Name: Address:  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  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)  Transferee (Name and Address)  E undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the page of the Public Official and Employee Ethics Act 65 Pa.C. S. \$1199(b)

ENNSYLVANI	STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY	PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936			
	FIRST NAME	MI SUFFIX			

01	LAST NAME FIRST NAME MI SUFFIX
	NARCOWICH MICHAEL W
O	
140	OTE: 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
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) F Check this block if you
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	PRINCIPAI PLANNER II
_	seeking hold held
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	FLANNING COMMISSION
[	
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	Principal Planner   Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2 0 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	735 HATHAWAY LA, AR) MORE PA (9003
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Interest Rate
	DISECT OF INDIFFCT COURSE in the first of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the secti
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
	Name: MONTGOMERY COUNTY, PA Address: Martgamery County Cauthouse MODBOSII
	Norman, DA 19404-0311
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Value Clift
i.	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. Position Held (i.e., officer, director, employee, etc.)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)
	Relationship Transferee (Name and Address)  Date Transferred
	e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties processes and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	4/6/18
	Signa  THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME	MI SUFFIX
	NAVE	RICHARD	<b>5</b>
C			
NC	TE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINAL	NCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked	. (See instructions on page 2)	Check this
	ra · · · · · · · · · · · · · · · · · · ·	Public Employee (Current) E Check this if you are fi	ling are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j		held
A	Field Superviso	R	
Γ-		seeking hold	held
В			The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, commission	on, county, school district, twp, etc.)
Α	MONTGOMERY COUN	t y	
В			1,000
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
F:	-1h Sun	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0/1
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ох.	
		,	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	E, check this box.	Interest Rate
	Name Address		morest 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 Montgomery County Address	P. D. Box 311	
		Mistown, PA19424	
11	GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift
Î	Source of Gift		
L	Address of Source of Gift	Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE check this hav	Value
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Source (Name and Address)		
			l'halli-
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employed etc.)
	Name: Address:		50 105 m
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box.	interest rield (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	ee instructions on page 2) If NONE, check this box. Interest Hel	
The	Transferee (Name and Address) undersigned h	Date Transf d person's knowledge, information and belief, said	erred
	e penalties pre	Official and Employee Ethics Act, 65 Pa.C.S. §1	109(b).
	Signat	Enter Current Date	. CO. 1 p
	THIS	T COMPLETED. MAKE A COPY FOR YOU	UN NEGUNDS.

#### PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY SUFFIX MI **FIRST NAME** 01 LAST NAME 0 02 NOTE: 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) Check this block if you D Public Employee (Current) Check this block if you are filing as a solicitor C Public Official (Current) Candidate (including write-in) are amending an original filing Nominee C Public Official (Former) D Public Employee (Former) held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold hold held seeking 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.) 05 SEE INSTRUCTIONS. 07 YEAR OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents Supervisor disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address 101 W Main St Normstown Name (Itillas Brak PA 19403 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. Address. Name GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstances (including description) Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) 38 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Interest Held (i.e., 5%, 10%, etc.) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

15

to the penalties

Sic

Business (Name and Address)

Transferee (Name and Address)

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

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

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

LOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

Interest Held

Relationship
Date Transferred

Enter Current Date

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

													E PRII			.,											
01	LA	ST N	<b>AME</b>					•					_	FIF	RST !	NAME									M	SUFF	IX
	N	E	W	$c \mid \iota$	) M	E	R						1	P	Н	1	1	1	P						Ih	11 1	
_	<u> </u>	<u> </u>	1		. 1		, \	<u> </u>			<u> </u>		<u>.                                    </u>				1	<u> </u>	<u> </u>	<u> </u>							
-	-40	200	- 65	- (leve a lee		****	am anto	1) or bor	20			City							Sta	te	Zip	Code		Area C	ode	Phone	
_														25.45		NUD C	OCIAL	CEC	UDIT	/ AIR II	MDED	OD E	INIAN	ICIAL	recon	NIT NU IME	EDG
N	OTE: I	F YOU	ARE	NCLUD	ING AT	TACHN	MENTS.	DO NO	INCL	UDE.	ANYI	HING	IHALI	BEAR	S 10	JUR S	UCIAL	SEC	UKII	NUI	AIDEK	UKF	INAF	ICIAL	40000	NT NUMB	LNO.
03	STA	ATUS	Che	ck appli	cable bl	ock or	blocks,	more tha	an one	block	may	be ma	rked. (	See ir	struc	tions	on pag	e 2)			1					Check this	
	,	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending																									
	ı	в 🗆	Nomi	nee				с 🗌	Public	Officia	al (Fo	rmer)	D		Public	Empl	loyee (	Form	er)			s a so				an origina	filing
04	PIII	BLICI	POSITH	ON OR	PUBLIC	OFFI	CE (ad	ministrato	or. me	mber.	Comr	nissior	ner, job	title.	etc.)	s	eekin	 G	[	$\checkmark$	hold			held			
.						Т	٦		,	7	1	6-		7	1	0	N										
А	۷	Н	′ ′	F	i	0	-		<b>_</b>	<u> </u>		0-	/		•		L				<u></u>			<u> </u>			
				-,					·	<b></b>		,	<del></del> -			s	eekin	g	<u> </u>	<u> </u>	hold	·		held	· · · · · · · · · · · · · · · · · · ·	<del>1</del>	
В																											
_																											
05	GO	VERN	MENTA	L ENTIT	Y in wh	ich you	are/wer	e an Offic	T	Т	e, Can	didate	T			T	1 1		ity, bor	ough.	, board	, comr	nissic	n, cour	ity, scho	ol district, t	wp, etc.)
Α	C	O	$ \mathcal{U} $	ハフ	7		0 1		M	0	N	T	6	0	M	Ü	R	4			<u> </u>			<u> </u>	<u> </u>		
		T 1			T	T			Γ	T	T	T				Γ	[ ]						<del></del>	η			
В											<u></u>	<u></u>	<u> </u>								L		<u></u>		<u> </u>		
06	oc	CUPA	TION	OR PRO	FESSI	ON (Th	is may	be the sa	me a	s bloci	k 4)			07 <b>Y</b>	EAR	SE	E INST	RUC	TIONS	S.		_				_	
				orne													in Bloc or the c					a.	2	0	1	7	
_					<u> </u>											-			, o .			L.,					
80	RE	AL ES	TATE	INTERE	STS (S	iee inst	ruction	s on page	e 2)	If NO	NE, cl	neck ti	his bo	K.   <u>&gt;</u>	S.												
																									_		
09	CR	REDIT	ORS (S	ee instri	uctions	on pag	e 2). Ci	editor (N	ame a	and Ac	dress	 ;) If P	NONE,	chec	k this	s box.							ľ	Into	est Rate		
	Nar	me: V	lells	Farg	De.	de-	Serv	rices	_			Δdr	dress:	7.0.	. Ba	×.	25	4 (							2. <b>9</b>		
												5	6.nt	~ /	4٨,	<	A	9	12	799	7				2.7	16	
10	DIF	RECT	OR INDI	RECT S	OURCE	S OF I	NCOM	includin	g (but	not lim	nited to								2) ON	LY IF	NONE	, __	$\neg$	(0	FICIAL	USE ON	Y)
																			cne	CK II	บร กเก	ÇK. L	┙,		<u></u>		
	Nan	ne: (	مدنان	ייייי לייי	,	1007	go.	me-y				Add	dress:	<u>/·</u>			7	> /l	, c						=	ತಿರಿಯ ಕ್ಷಮ ಇಂಡೆ ^{ಯ ಸ} ್ವಹ	#
													<i></i>		3 70	الإسد	1, "		7 -7	70	<b>. 4</b>	- 2			7.74	5## ···································	
11				truction	з оп ра	ge 2)	If NON	IE, checl	this	box.	$\boxtimes$													Ma	ンプ lue di Gir		,
	Sou	urce of	Gift	- [		1		<u> </u>	Τ-	1		1	T			1	Τ	Γ		1		<u> </u>	Ti	<u> </u>			
		<u> </u>							<u> </u>				<u> </u>		L	<u> </u>	<u> </u>	L				L.,	يا.				
	Addr	ess of S	Source o	f Gift													Circu	mstan	ces (in	cluding	g descr		of Giti			44 L MOL	
12	TR	ZANSE	ORTA	TION. L	ODGIN	G. HO	SPITAL	ITY (Se	e instr	uction	s on p	age 2	) If N	ONE,	che	ck this	s box.	X					17	·Value	C _O	+2:00	;
, .				Address		1		· ·	· · ·				· 	1	T				T	1		Γ		Τ.	7	]	<del></del> 7
																	.L		<u>.</u>							J. L	
13			1 1				1 1														~			- n		i.e., officer,	director,
	OF	FFICE	DIREC	TORSI	IIP, OR	EMPL	OYMEN	IT IN AN	Y BUS	SINES	<b>S</b> (S	ee inst	truction	s on	page	<ol><li>If</li></ol>	NONE	, che	çk thi	s bo	( <u>                                    </u>						
13	OF Bu	FFICE usines	DIRECT SENTITY	TORSI (Name a	IIP, OR	EMPL(	OYMEN	IT IN AN	Y BUS	SINES	<b>S</b> (S	ee inst	truction	is an	page	2) If	NONE	, che	ck thi	s bo	c <u> ≻</u>				on Held byee, etc		
13	Bu Na:	usiness me:	Entity	(Name a	nd Addre	988)						<u>Add</u>	ress											emple	oyee, etc	.)	
14	Nar Fi	ne:	Entity	(Name a	IN AN	988)						<u>Add</u>	ress										· [×	emple	oyee, etc		%. etc.)
	Nar Fi	ne:	Entity	(Name a	IN AN	988)						<u>Add</u>	ress										. <b>[</b> *	emple	oyee, etc	.)	/₀. etc.)
	Na: Na: Na: Na:	me: NANC ame and	IAL INT	(Name a	IN AN	Y LEG	AL EN	FITY IN E	IUSIN	ESS F	OR F	Add PROFI	ress: T (See	instr	uction	ns on p	oage 2	) <b>If</b> !	NONE	, che	ck th	s box		Intere	oyee, etc	.)	⁄₀. etc.)
	Nai Nai Na	me: NANC ame and	IAL INT Addres	(Name a	IN AN	Y LEG	AL EN		IUSIN	ESS F	OR F	Add PROFI	ress: T (See	instr	uction	ns on p	oage 2	) <b>If</b> !	NONE	, che	ck th	s box	x. [	emple Interest	oyee, etc	.)	%. etc.)
14	Na Na Fill Na Bu	me:	IAL INT Addres SS INT (Name a	(Name a	IN AN ness	Y LEG	AL ENT	O IMME	JUSIN	ESS F	FOR F	Add PROFI	ress: T (See	e instru	uction	ns on p	page 2	) <b>If</b> (	NONE	, che E, ch	eck th	s box is bo Intere Relat Date	x. [] est He tionsh Trans	emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple emple	est Held i	.) i.e 5%, 10 ⁰	
14 15	Nai Fill Na Bu Tr.	me: NANC ame and USINE usiness ansfere	IAL INT d Addres SS INT (Name a	(Name a	IN AN IN AN IN STRAIL IN IN IN IN IN IN IN IN IN IN IN IN IN I	Y LEG	RED T	O IMMEL	DIATE	FAMI	FOR F	Add PROFIT	T (See	e inst	uction ruction	ens on p	page 2	) If (	NONE NON	E, che	eck th	is box	x. [] est He tionsh Trans f; sai	Interest	est Held i	.)	
14 15	Nai Fill Na Bu Tr.	me: NANC ame and USINE usiness ansfere	IAL INT Addres SS INT (Name a	(Name a	IN AN IN AN IN STRAIL IN IN IN IN IN IN IN IN IN IN IN IN IN I	Y LEG	RED T	O IMME	DIATE	FAMI	FOR F	Add PROFIT	T (See	e inst	uction ruction	ens on p	page 2	) If (	NONE NON	E, che	eck th	is box	x. [] est He tionsh Trans f; sai	Intered d affirm	nation b	eing made	
14 15	Nai Fill Na Bu Tr.	me: NANC ame and USINE usiness ansfere dersign enaltie	SS INT (Name a e (Name ed here s prese	FEREST S of Business of Address and Address and Address and Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Address of Addres	IN AN ness S TRAI sss) ms that	Y LEG	RED T	O IMMEL	DIATE	FAMI	ILY M	Add PROFITE EMBE	ress:  T (See  R (Se	e instrue e inst st of s	ruction ruction	ens on person	page 2 page 's know and E	) If I	NONE  NON  e, info	E, chermatichics A	eck the	is box Interest Related Date I belie Pa.C	x. Est Hetionshi Trans f; sai .S. §	Interest	nation b.	eing made	

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME МІ SUFFIX 02 ADDRESS offic NOTE: 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) Check this block if you C Public Official (Current) D Public Employee (Current) A Candidate (including write-in) E Check this black are amending if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) an original filling hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held 0 seeking hold 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.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 00 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Name Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name Rosemeric Obilieri 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 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box. Position Held (i.e., officer, director employee, etc.) Business Entity (Mame and Address) Address Name FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Anterest Held (i.e., 5%, 10%, etc.) Name and Address of Business 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject

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

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

Signature

Enter Current Date .

PLEASE PRINT NEATLY
01 LAST NAME FIRST NAME MI SUFFIX  SRIAN  SRIAN
62 ADDDESC Miss (business are suppressed by the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con
NOTE 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 Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor  Check this block if you are filing an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
ASENIOR PLANVER
B R L A M E R I I I I I I I I I I I I I I I I I I
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.)
MUNTGOMERY COUNTY PLAUNTUG COM
в
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
Senior Planner, Montaymory Camby Planny Camby Planny Camby Discourse for the calendar year listed here: 2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) INVONE, check this box.
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  Name: Navient Solutions, UC  Navient Solutions, UC  Navient Solutions, UC  Navient Solutions, UC  Navient Solutions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address: (10, 70x 96 40  Willes-Bapile, PA 19773-9640 4.9%)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name: County of Montgowly of Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgowly Can't Jours  Address: Montgow
11 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift
Address of Source of Gift  Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous page 2) If NONE, check this box. Discontinuous
Name: Address:
Name and Address of Business
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address) Interest Held
Transferee (Name and Address)  Relationship Date Transferred
The undersigned hereby offices that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties present to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 109(b).
Signatu  Enter Current Date  THIS PORTING CONSIDERED DEFLOYENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01	LACTMANE																	_		
	U L S	7 6 11	\		.				٦	FIR /	ST NAM		ء اد			Т	<del></del>			UFFIX
	0 6 5	2 E W	)   5	K	! ] .					7	$\frac{C}{C}$	4 1 14	<i>ا</i> ا	<u> </u>				<u> </u>	<u> </u>	
02																				
NC.	OTE: IF YOU ARE II	NCLUDING AT	TACH	MENTS,	DO NO	T INCL	UDE ANY	THING	THAT	BEARS	YOUR	SOCIAL	SECURI	TY NU	MBER	OR FINA	NCIAL	ACCC	OUNT N	UMBERS.
03	STATUS Chec	ck applicable b	olock or	blocks,	more tha	an one	block may	be ma	arked.	(See ins	truction	s on page	2)							
		date (including					۔ Official (C			·		nployee (0	•	Ε	$\Box$	Check this	błock	L!	Checl block	if you
	B Nomin	, ,	,				Official (Fo		D			nployee (I		_	if	you are f	ling			nending ginal filing
04	PUBLIC POSITIO	ON OR PUBLI	C OFF	ICE (adn	ninistrato	or mer	nber Com	missio	ner io	h title e	lc.)	seeking		×	hold		held	-		
A [	100	1 (	0	MA	<i>1</i>	<	< T		N		2	1 1	<u> </u>	Ī						
^ L	<u> </u>			1-1 10	<u> </u>	<u>၂</u> ၁	2 1	10	, ,	<u> </u>	$\frac{1}{\Box}$	seeking			hold		held	1.	<u> </u>	
в						Τ		T						T	T		Tield	T	ПТ	
			<u> </u>	<u></u> _		<u> </u>										<u></u>	<u>.  </u>	<u> </u>		
05	GOVERNMENTAL	. ENTITY in wh	nich you	ı are/were	an Offic	ial, Em	ployee, Car	ndidate	or Non	ninee (e.	g., dept,	agency, a	uthority, be	orough	, board	, commissi	on, cou	nty, sch	nool distr	ict, two, etc
A	MONT	60	$ \mu $	EF	24		CO	O	2	7-1	<b>/</b>									
ے ۔					<del></del>	· ·		1		T				<u>.</u>	1		1	<u> </u>		
В			<u>Ш</u>			<u> </u>			1						<u> </u>		<u></u>	<u></u>		
06	OCCUPATION O	,		-			block 4)			07 <b>YE</b>	AR Indi	cate cale:	ndar year	for w	nich fo	rm is bein	filed.	SEE I	NSTRU	CTIONS.
•	Jury C	omn	۸۱\$	:510	3 ME	?r-										2	0	/	7	
08	REAL ESTATE IN	NTERESTS (S	See inst	tructions	on page	e 2) I	NONE, c	heck t	his bo	x. 🔀									•	
09	CREDITORS (See	e instructions	on nao	e 2). Cre	ditor (N:	ame ar	nd Address	:) If P	NONE	check	this ho	. <del> </del>		<u> </u>						
05	N						ia nadios		dress:		ins box	3					Inte	rest Rat	te	
									E / - /											
10	DIRECT OR INDIR	ECT SOURCE	S QF I	NCOME	including	g (but n	ot limited to	o) all <i>p</i> r	mploym	nent. (Se	ee instru	ctions on	pg. 2) <b>ON</b>	ILY IF	NONE	,	(0	FFICIA	L USE	ONLY)
(1	Montg	omery	Ce	and	I	PUB	3/1	NO	DPR	1570	W.	1940	f ch	eck th سريت	is bloa مربر بل	k. 📙				
(2	Ovame: My 4 y	t ropoce	<u> ۸</u> ۷۷	07/	17E 1	1	<u>44 L</u>	~ <u>~</u>	dlebel/	Out)	, J9	BRET	rnerc	F	7 <i>0</i> 00 F	ן יישטיי				
( 4	() MORGAN.	5-14-14	:/ /	MOI	1000	HIL	1 m 0	19)1	la i		(1) Montgom (+y Country POB 311 NORRISTERDAS 19404 check this block. [] (2) Montgom (+y Country POB 311 NORRISTERDAS 19404 check this block. [] (2) MORKAN STANIEL ONE LIBERTY PLACE PRIVATE PA 19103 Floor town									
سنب		SIMILE	7/-	<i>//10 j.</i>	170	7''	wee			<i>r7</i> + (	910	3				9031				
11	GIFTS (See instr Source of Gift		7/			+				<i>jr j</i> r - (	910	3	•			9031	Va	lue of G	ift	
11			7/			+					910	3		7		703/	Va	lue of G	ift	
	Source of Gift	uctions on pag	7/			+					910		stances (in	T chiding				~	ift	
		uctions on pag	7/			+					910		stances (in	icluding		otion) of Gif		~	ift	
	Source of Gift	uctions on pag	ge 2)	If NONE	, check	this b	ох. 🖂					Circum	<u> </u>	cluding		otion) of Gif		~		
	Source of Gift  Address of Source of C  TRANSPORTATI	uctions on pag	ge 2)	If NONE	, check	this b	ох. 🖂					Circum	<u> </u>	cluding		otion) of Gif	Vatue			
12	Source of Gift  Address of Source of C  TRANSPORTATI	uctions on pag	ge 2)	SPITALIT	TY (See	this b	ctions on p	page 2	) If N	ONE, c	heck th	Circum	*		ı descrij	otion) of Gif	Vatue	2010 11:52 1-9		
12	Address of Source of C TRANSPORTATI Source (Name and A	ON, LODGING	ge 2) G, HOS	SPITALIT	TY (See	this b	ctions on p	page 2	) If N	ONE, c	heck th	Circum	*		ı descrij	otion) of Gif	Vatue	2010 11:52 1-9	,	
_	Address of Source of C TRANSPORTATI Source (Name and A	ON, LODGING	ge 2) G, HOS	SPITALIT	TY (See	this b	ctions on p	page 2	) If N	ONE, c	heck th	Circum	*		ı descrij	otion) of Gif	Vatue	1911		
12	Address of Source of C  TRANSPORTATI Source (Name and A  OFFICE, DIRECT Business Entity (N	Gift ON, LODGING Address) ORSHIP, OR I	G, HOS	SPITALIT	TY (See	instru	ctions on p	page 2	) If N	ONE, ci	neck thi	Circum is box. {	check th	is box	ı descrij	btion) of Gif	Vatue	on Held		
12	Address of Source of C  TRANSPORTATI Source (Name and A  OFFICE, DIRECT Business Entity (N  Name:  FINANCIAL INTE	Gift ON, LODGING Address) ORSHIP, OR I	G, HOS	SPITALIT	TY (See	instru	ctions on p	page 2	) If N	ONE, ci	neck thi	Circum is box. {	check th	is box	ı descrij	btion) of Gif	Vatue	on Held		
12	Address of Source of C TRANSPORTATI Source (Name and A OFFICE, DIRECT Business Entity (N Name: FINANCIAL INTE Name and Address of	ON, LODGING Address)  ORSHIP, OR I lame and Address  REST IN ANY of Business	G, HOS EMPLO	SPITALIT	TY (See	instru BUSI	ox. Ctions on p	page 2) ee instr	) If N	ONE, c	ge 2) It	Circum is box. [	check the	is box	. S	otion) of Gift	Vatue Position	on Held		
12 [	Address of Source of C  TRANSPORTATI Source (Name and A  OFFICE, DIRECT Business Entity (N  Name:  FINANCIAL INTE	ON, LODGING Address)  ORSHIP, OR I lame and Address  REST IN ANY of Business	G, HOS EMPLO	SPITALIT	TY (See	instru BUSI	ox. Ctions on p	page 2) ee instr	) If N	ONE, c	ge 2) It	Circum is box. [	check the	is box	. Extended the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	s box.	Vatue Position	on Held		
12 13 14	Address of Source of C  TRANSPORTATI Source (Name and A  OFFICE, DIRECT Business Entity (N  Name:  FINANCIAL INTE Name and Address of  BUSINESS INTE Business (Name and Transferee (Name and	CON, LODGING Address)  CORSHIP, OR I Jame and Address  REST IN ANY of Business  RESTS TRAN I Address) and Address)	G, HOS EMPLOSS)	SPITALITY OYMENT	TY (See	this b	ox. Ctions on p	Addr ROFIT	) If N ruction (See	ONE, c	ge 2) It	Circum is box. { f NONE, page 2)	if NON	is box	· Ext	s box.	Value	Something the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	3	
12 [ 13 14 15 The	Address of Source of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of C	ON, LODGING Address)  FORSHIP, OR I Jame and Address  REST IN ANY of Business  RESTS TRAN I Address) and Address) y affirms that	G, HOS EMPLOSS)	SPITALITY OYMENT	TY (See	this b	ox. Ctions on p	Addr ROFIT	) If N ruction (See	ONE, c	neck thinge 2) If	Circum is box. {  FNONE, 1  page 2)	If NONE	E, che	. Ck this	s box.	Value Position Interest	anation It	3	ade subject
12 [ 13 14 15 The	Address of Source of C TRANSPORTATI Source (Name and A OFFICE, DIRECT Business Entity (N Name; FINANCIAL INTE Name and Address of BUSINESS INTE Business (Name and Transferee (Name and undersigned hereb	ON, LODGING Address)  FORSHIP, OR I Jame and Address  RESTS TRAN I Address) and Address) y affirms that I ped	G, HOS EMPLOSS)	SPITALITY OYMENT	TY (See	this b	ox. Ctions on p	Addr ROFIT	) If N ruction (See	ONE, c	neck thinge 2) If	Circum is box. {  FNONE, 1  page 2)	If NONE	E, che	. Ck this	s box. Sometimes the Relationship better 5 a.C.S. \$	Value Intered d affirm 109(b)	on Held	being m	ade subjec

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME		FIRST NAME MI SUFFIX
	CIMALLEY		BARBARA
90			
-			
NO	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE A	ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block	may be marked	d. (See instructions on page 2)
	A Candidate (including write-in) C Public Officia	-	D Public Employee (Current) E Check this block if you
	B Nominee C Public Officia		if you are filing are amending  D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member,	Commissioner i	job title, etc.) seeking hold held
A [	1080+00 1160	1 4-11	
`` [	D / K C C  O K  H C A	LITH	REHUMAN SERVICES
_ [		Т	└ seeking
В			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee	, Candidate or No	lominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A	MONTGOMERY C	OVA	JTY
. [			
В			
06	occupation or profession (This may be the same as block	4)	07 YEAR SEE INSTRUCTIONS.
1	Hearth 2 Auman Sch	nus	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NON	E, check this b	box.
	OPENITORS (O		
09	CREDITORS (See instructions on page 2). Creditor (Name and Add Name:	Address:	there sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the sale in the
	nane.	Addless.	5000
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limit	ed to) all employ	
	.1 4 3		check this block.
	Name: Montgomeny County	Address	PO BOX 311 99 55 55 55 55 55 55 55 55 55 55 55 55
	V V	Noc	(ristown PA 19701-031) W
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	<b>-</b>	Value of Gift
ſ			Value of oil
L	Address of Course of City		
	Address of Source of Gift		Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions Source (Name and Address)	on page 2) If I	F NONE, check this box. Value
ſ			
- L	OFFIRE DIRECTORUM OF FUEL OVEREIT IN ANY DURINGO	(6 - 1 - 1 - 1	ops on page 2) If NONE check this how // Position Hold (i.e., officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address)	(See Instructio	ons on page 2) If NONE, chack this box. (employee, etc.)
	Name:	Address:	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FO	R PROFIT (Se	ee instructions on page 2) If NONE, check this box. Limiterest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business		
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMIL' Business (Name and Address)	YMEMBER (Se	See instructions on page 2) If NONE, check this box. Interest Held
	Transferee (Name and Address)		Relationship Date Transferred
	······································		pest of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	To positional proof	Jindo j and t	Enter Current Date 4 - 8 - 18
	Signatu		
	THIS F	CK ABOVE	/E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

01	LAST NAME	FIRST NAME			MI SUFF	.17
	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			"""		'IA
	O ' N e 1 1 1 1	Allec			M	
02						
res.	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT RICLEDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUR	GER OR FINA	NGALACE	OUNT NUME	IERS.
03	STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)		,	1	
		g ,		l.,	Check this block if yo	
		Public Employee (Current) E	.i Check this if you are f		are amend	ting
	B ! Nominee C Public Official (Former) D	Public Employee (Former)	as a solicit		an origina	l filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking h	oid	held		
A .			· · · · · · · · · · · · · · · · · · ·	T	·   · · · · · · · · · · · · · · · · · ·	
	A s s i s t a n t D i s t r	ict Att	o r n	. е у		
		seeking h	old	held		
<b>n</b> [				1 1	·	1
В						
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, t	oard, commissi	on, county, sc	hool district, to	wp, etc.)
Α	MONTGOMERY COUN	TY				
ŧ	manamanananan (m. 1821). Marandanan dan madanan dan merupakan dan merupakan dan merupakan dan merupakan dan me		l . l		J. L	
В						
į.	NAME AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		^~~~~			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.				
D	rosecutor	Information in Blocks 8 -15 represents	5 here: 2	0 1	7	
<u> </u>	10366401	disclosure for the calendar year listed	here:	U I		
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	x. 🔳				
		check this box.		Interest Ra	te	
	Name US Dept of Education Address: Washi			Interest Ra		
10	Washi	ngton D.C., 2002		6.8%	)	
10		ngton D.C., 2002		6.8%		.Y)
10	Washi  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Current position	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	)	Y)
10	Washi	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	)	Y)
10	Washi  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs  Current position	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	)	Υ)
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	AL USE ONL	Y)
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	AL USE ONL	Y)
	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N		6.8%	AL USE ONL	Y)
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this	block,	6.8%	AL USE ONL	Y)
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N	block,	6.8%	AL USE ONL	Y)
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this	escription) of Gift	6.8%	AL USE ONL	
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this	escription) et cifr	6.8% (OFFICIAL Value of C	AL USE ONL	
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this	escription) of Gift	6.8% (OFFICIAL Value of C	AL USE ONL	
11 12	Washi  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this	escription) et Gift	6.8% (OFFICIAL Value of S	AL USE ONL	
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions)	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this	escription) et Gift	6.8% (OFFICIAL Value of S	AL USE ONL	
11 12	Washi  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this	escription) et Gift	Cofficial Value Position House	AL USE ONL	
11 12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions)	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this	escription) et Gift	Cofficial Value Position House	AL USE ONL	
11 12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this  Circumstances (including d ONE, check this box.	escription) of Gift	(OFFICIAL Value of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Con	AL USE ONL	irector,
11 12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this  Circumstances (including d ONE, check this box.	escription) of Gift	(OFFICIAL Value of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Con	AL USE ONL	irector,
11 12 13	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	ngton D.C., 2002  lent. (See instructions on pg. 2) ONLY IF N check this  Circumstances (including d ONE, check this box.	escription) of Gift	(OFFICIAL  Value of Castion House employee, et	AL USE ONL	irector,
11 12 13	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this box.  ONE, check this box.	escription) of Gift	Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Value of Cofficial Val	AL USE ONL	irector,
12	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn  Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this box.  ONE, check this box.	escription) of Gift this box.	Value of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	AL USE ONL	irector,
11 12 13	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address))  Transferee (Name and Address)	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this box.  Circumstances (including doors, check this box.)  s on page 2) If NONE, check this box.  instructions on page 2) If NONE, check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check	escription) of Gift  this box.  Interest Hel Relationship	Value of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	AL USE ONL	rector,
111 12 13 14 The	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address)  Transferee (Name and Address)  undersigned hereby affirms that the foredoing information is true and correct to the best	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this check this check this box.  Circumstances (including door on page 2) If NONE, check this box.  instructions on page 2) If NONE, check this box.	escription) of Gift  this box.  Interest Het Relationshin Date Transs	Value of Control of Affirmation	AL USE ONL	rector,
111 12 13 14 The	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address)  Transferee (Name and Address)  undersigned hereby affirms that the foredoing information is true and correct to the best	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this box.  Circumstances (including doors, check this box.)  s on page 2) If NONE, check this box.  instructions on page 2) If NONE, check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check check	escription) of Gift  this box.  Interest Het Relationshin Date Transs	Value of Control of Affirmation	AL USE ONL	rector,
111 12 13 14 The	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn Name: Current position  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Name  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Business (Name and Address)  Transferee (Name and Address)  undersigned hereby affirms that the foredoing information is true and correct to the best	ngton D.C., 2002  nent. (See instructions on pg. 2) ONLY IF N check this check this check this check this check this box.  Circumstances (including door on page 2) If NONE, check this box.  instructions on page 2) If NONE, check this box.	escription) of Gift  this box.  Interest Het Relationshi Date Trans and belief; sai 65 Pa.C.S. \$1	Value of Control of Affirmation	AL USE ONL	rector,

# STATEMENT OF FINANCIAL INTERESTS

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

	- CEROLI MAI PLAIL				
01	LAST NAME FIRST NAME			MI SUFF	FIX
	OSKIERA				
02	ADDRESS 40 4				<u> </u>
Me	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUME	BER OR FINA	NCIAL ACCC	UNT NUME	BERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	.47.	F1		
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E	Check this	hlock	Check this block if yo	
	B Nominee C Public Official (Former) D Public Employee (Former)	if you are	filing	are amend an origina	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	ld 🗀	held		
Α	SELIAGE ENFORCEMENT OF ENE	7/7	-0		
	OF WINDS KITTOREWIT OF				
_ [	seeking ho		held	······································	r
В [	RESOURLE CONSERVATIONIS	5 1			
05	GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, bo	ard, commiss	ion, county, sch	ool district, tv	wp. etc.)
A	MONTGUMERY COUNTY	and an an an an an an an an an an an an an			
		. 1 1	1 1		
В			1_1_1		<u> </u>
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.	p	7		
) ,	RESOURF (OUSEN/ATION) T Information in Blocks 8 -15 represents disclosure for the calendar year listed h	nere: 2	0 / 7	7	
₀₈ /	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.				
	Named 4				
	F				
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address: PO BOX 82519		Interest Rate	,	
	Address: 10 BOX 80519  Ling N NE (850)		1/ 9	70/	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NO	NE /	// _c C	USE ONL	
	check this to	olock.	(OFFICIAL	OSE ONL	1)
	Name Montgomery County Address ONE Montgomery Plaz	41_			
	Morristowny PA 11940	/l			
11	GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	·····			
-	Source of Gift	J	Value of Gif	1 1	
1		L			
	Address of Source of Gift Circumstances (including des	cription) of Gift	1 1 4	:> . ⊒ <b>:</b> :	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	1	vaiue		
<b>(</b> **	Source (Name and Address)		usi. Thaif	<u> </u>	
		ــــــــــــــــــــــــــــــــــــــ		بلبل	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. In Business Entity (Name and Address)	Z	Position Held (i employee, etc.	<del>آمَرَافَا</del> . (	rector,
	Name: Address:			ယ	وسمدن مديد
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check to	his box. 🚺	Interest Held (i	<del></del>	
	Name and Address of Business				
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check Business (Name and Address)	this box. \			_
	Transferee (Name	Relationship Date Transf	)		
	undersigned hen	nd belief; said	affirmation be	ing made s	ubject
ia th	e penalties presc he Public Official and Employee Ethics Act, 6	o ⊬a.C.S. §1 1.1	109(0).	,	
	Signatur Enter Curren	it Date <u> </u>	130/18	3	<u> </u>
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COP	Y FOR YO	R RECORD	S.	

# **STATEMENT OF FINANCIAL INTERESTS**

	PLEASE PRINT NEATLY																									
01	J.AST I	NAME					<del></del>					F	IRST	NAM	E			<del></del>					1	VII S	UFFI	
	PA	6	ER	M	0							N	1 1	1	9 1	1	2/	=					7 [	1		
	<i>y //</i>				101			<u></u>		<u></u>	<u>.                                    </u>	<u> </u>				<u> </u>		<u> </u>						<u> </u>		
02			//							0"																
NC	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.																									
03	STATUS	Che	ck applic	able bl	ock or bl	ocks, mo	ore than	n one b	lock may	be ma	rked.	(See	instru	ctions	on pa	ige 2	)			·				Chec	t this	
	ΑС	Candi	idate (inc	luding	write-iก)	С	□Р	ublic O	fficial (Cu	rrent)	D	1	Publi	c Em	playee	(Си	rent)	E		Check	this !	olock		block are a	if you	
	в[	Nomi	nee			С	□ P	ublic O	fficial (Fo	rmer)	D				ployee					fyou: as a s				an or		
04	PUBLIC	POSITION	ON OR F	UBLIC	OFFIC	E (admin	istrator	r, meml	ber, Com	nissior	ner, jo	b title	, etc.)		seekir	ng			hold			held				
A	A 11	7-1	- F	T	A	د ا د	e	5	داد	R			Γ	Γ		Ī	1		<u> </u>		$\Box$				T	$\Box$
L	<u> </u>	1 -2-   4			L	3 3		9	<u> </u>		L	L	L			1	<u>. L</u>		1	L .		J	1		i	
Г	1	Т Т	<del>-</del> 1	T	1 T		1 1					<del></del>	Т		seekir	ng T	T		hold	1	<u>Ш</u>	held	1 3	1		
В	<u>i</u>	<u> </u>	L	<u></u>		<u></u>	<u> i</u>					<u> </u>				<u></u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u></u>				
05	GOVER	MENTA	L ENTITY	f in whi	ch you ar	e/were a	n Officia	al, Empk	oyee, Can	didate d	or Non	ninee i	(e.g., c	lept, a	agency,	auth	ority, bo	orough	board	, comi	missic	n, coul	nty, sch	ool dist	rict, tw	p, etc.)
A [	mn	11	7/		ME	50	V		10	7	1/	7	1	1	T		T			<u> </u>	[		Ī		T	
L	11/10	70	1 10	10	//    C	, ,	1 / 1					1	1_/_	L		l		.]	1	L	J	<u> </u>	I			
в																										
06	OCCUP	ATION C	R PROF	FSSIC	N (This	may he	the sar	ne as h	lock 4)			07.3	/EAR	SF	E INS	TRU	CTION	ıs				·				
00	_				·	may be	.,,,						nform	ation	in Bloc	cks 8	-15 re	presei			2	0	, .	7		
		ef,				·····			<del></del>			<u> </u>	disclos	sure f	or the	caler	idar ye	ar liste	ed here	ə:						
80	REAL E	STATE I	NTERES	i <b>TS</b> (S	ee instru	ctions or	page	2) If I	NONE, cl	eck th	is bo	X	4													
09	CREDIT					2). Credit	tor (Na	me and	Address	) <b>If N</b>	ONE,	chec	k this	box	. 🔲											
	Name:		ase_							Add	ress:											Inter	est Rat	е		
		رے ۔۔۔	iti	BAA	<u> </u>																					
10	DIRECT	OR INDI	RECT SC	URCE	S OF INC	OME ind	cluding	(but not	t limited to	) all em	ployn	nent.	(See ir	nstruc	tions o	n pg.	2) <b>ON</b>	ILY IF	NONE	, r	$\neg T$	(01	FICIA	L USE	ONLY	<u>')</u>
	Name: N	$\sqrt{v}$	£ 11.140	(	المادة	<b>~</b>				Add	ronn:	O We	_ [/\	ر بر ا ا	goney	04	-AZX	Sel	اره کان او کی	) i	<b>-</b> '		~			
	магле: Т	1011	3	1	<b>~</b>					Addi	1682	tV V	<b>Y</b> /L1	.ou	~ 1	r •3	17	101					018	E-3		
	GIFTS (	Coo inst	austions.	on one	0.2) 16	NONE :		this bo	<u> </u>											75	<u>[6.3]</u>		70	r ra	-11-	<del></del>
11	Source of		uctions	on pay	e 2) II	NONE, C	JIECK	uns bo	×. اسلام													Val	تت نوو of Gi	ft .		
																		]			160		6			
Ĺ	Address of	Source of	L Gift		I				1					<u> </u>	Circu	ımsta	nces (in	∟ icluding	descrip			2				
																		-			<u>ت</u>	' i	<del></del>			
12	Source (N			DGING	, HOSP	ITALITY	(See	instruct	ions on p	age 2)	If N	IONE,	cnec	k this	s box.	L=					OØ .	Value	<u>\</u>	( ) es (0.9)	· I	
13	OFFICE	DIRECT	TORSHII	P.OR E	MPLOY	MENT IN	ANY	BUSIN	<b>ESS</b> (Se	e instr	uction	s on i	page 2	2) <b>If</b>	NONE	. che	ck th	s box	. []-				on Held		cer, dir	ector,
		s Entity (							(					-,							- 1	emplo	yee, etc	:.)		
	Name				<del> </del>					Addre	ess:					· <u>-</u>				·						
14	FINANC Name and				LEGAL	ENTITY	IN BU	SINES	S FOR PI	ROFIT	(See	instru	uctions	s on p	page 2	) If	NONE	i, che	ck this	s box.	· 📑	Intere	st Held	(i.e., 5%	. 10%,	etc.)
																					İ					
15	BUSINE	SS INTE	RESTS	TRANS	SFERRE	D TO IM	MEDIA	ATE FA	MILY ME	MBER	(Se	e insti	ruction	ns on	page 2	2)	f NON	E, che	ck thi	is box	· [-	1				
=	Business														-				- 1	Intere Relati	st Held					
The	Transfere		nd Addres	ss)			motion.	io 4	and are-	ect to th	10 hr	et of a	aid no	rean'	e knor	vleda	o info	rm atio		Date 1	Fransfe	erred	ation h	aina	ado s	ubicot
	undersign ne penaltie									rities)														ыну т	aue S	ubject
	6	ign															Fo	ter Ou	rrent D	)ate		4/1	// כי	8		
			RM IS	CONS	IDEREI	DEFIC	CIENT	IF AN	IY BLO	KAB	OVE	IS N	от с	юм	PLETI	ED.					YOU	JR RE	COR	DS.		_

### STATEMENT OF FINANCIAL INTERESTS

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

_	
01	Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Cont
02	
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) E Check this block if you are filing are amending are an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Г	Regional Traing Coordinator
-	seeking hold held
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	C o u n t y o f M o n t g o m e r y
в	Department of Public Safety
06 R	occupation or profession (This may be the same as block 4)  egional Training Coordinator  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 8
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
	TO HE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS OF THE CLASSICS
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street S
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: Souderton Ambulance
	223 Reliance Road, Telford, PA 18969 US Army Reserve, WGNAS, PA 19090
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Value of Gift
ſ	
ι	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.   Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)
	Name: Address: If NONE check this box. Interest Held (i.e., 5%, 10%, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Interest Held Relationship
The	Transferee (Name and Address)  Date Transferred  undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject
to th	he penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

	PLEASE PRIN	INEAIL	<u>T</u> .	
01	LAST NAME	FIRST N		MI SUFFIX
_	PASTON,	MI	CHAEL	J
02	STREET ADDRESS (work or regidence)		C+++ 7 0 1	
03	STATUS Check applicable block or blocks, more than one block may be marked. (See	no inatrusti	cons on page 2)	
00	A Candidate (including write-in) C Public Official (Current)		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 (member. Commissioner, job title, etc.) you are	re	seeking X hold	held
Α	FIRST DEDUTY CLE	5 B 1	K OF CO	URTS
		-	seeking hold	held
В			•	
05	POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a			sion, Dist., Agency, Authority, etc.
^	COUNTY OF MONT GO	M	C 147	
В				
06	OCCUPATION OR PROFESSION (This may be the same as block 4) (	)7 <b>YE</b> /	AR The information below represents fin.	ancial interests for the PRIOR yea
	_	•	201	_
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	- X		
00	NEAL 23 AT 2 INTERESTO (See Managed to 1) INTERESTOR (Miss Box.	4"		
09	CPEDITOPS (See instructions on page 2). If NONE about this hav.	-		<u> </u>
03	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 employment. Se Name Address	e instruction	ns on pg. 2) If NONE, check this moc.	FICIAL USE ONLY)
	<b>A</b> • • • • • • • • • • • • • • • • • • •	3)/	Nursitoun PA 19 Day	3 6 177
			22	
11	GIFTS (See instructions on page 2) If NONE, check this box.		<u> </u>	Value of Gift persusant:
	Source of Gift		. No.	Value of Gift _{प्रमा} जनम्
	Address of Source of Gift	:	Reason for Gift	Ψ
			TKSGSOFF OFF	1011
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NON Source (Name and Address)	IE, check	this box.	Value
		:		_
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions of	n page 2)	T 1 3	•
	Business Entity  Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solver for the Solv	14034	Position Held	
14	501 Group, P.O. BOX1, Fort Washington PA  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See ins			f 7
	Name and Address of Business			Interest Held
45	501 Cory, P.J. Box 1, fort Wishington, PA	19	034	100%
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See in Business (Name and Address)	structions	Interest	
	Transferee (Name and Address)		Relation Date Tra	nslerred
	The undersigned hereby affirms that the foregoing information is true and correct to best of a the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			
	Signature		Date 3/1/18	
	THIS FORM IS CONSIDERED DEFICIENT IF ALL	BLOCKS	ABOVE ARE NOT COMPLETED.	

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0926

DI EASE DOINT NEATI Y

							······································
PEGC				FIRST NAME			MI SUFFIX
02			***		Ctaba	7 in Coda	Area Code Phone
NOTE HE FOREARCHEST	COMPLYATION DATES	ata, et Mound	TOUTH ANY FRENCH TO	IST PLARS FOUR ECOP	As SECURATE BUT	BEFOR SMAN	KINT ACCOUNT NUME: 85
3 STATUS Check	applicable block or blo	oks, more than or	ne block may be mark	ed. (See instructions on p	age 2)		Check this
A [ ] Candida B [ ] Nomined	ite (including write-in) e	C1	ic Official (Current) ic Official (Former)	D Public Employe	•	Check this b if you are fil as a solicito	ng are amending
4 PUBLIC POSITION	OR PUBLIC OFFICE	(administrator, m	nember, Commissione	r, job title, etc.) seek	Ing X	rold [	held
ENVI		lela		Healt F	ing I	n 5 P	lec inor
3							
5 GOVERNMENTAL S	ENTITY in which you are	/were an Official, I	Employee, Candidate or	Nominee (e.g., dept, agenc	y, authority, borough,	board, commissio	on, county, school district, twp, etc.)
GO CEN	The Figure 1	, (		ilc He	1 1 1 /	17	
3				A control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont			
06 OCCUPATION OR	PROFESSION (This	may be the same	as block 4)	i	STRUCTIONS. ocks 8 -15 represen	nts o	
Health	Inspector	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			e calendar year liste		0 1 7
Name: Sun T		e Luan	Addre	chrowd VA	850244 23285	- 5084	(OFFICIAL USE ONLY)
	ECT SOURCES OF INC		NE V Addre	oloyment. (See instructions oss 435 Sw. crvi Stawy P	ede 57	Pobex31)	(OFFICIAL USE ONLT)
	ictions on page 2) If	NONE, check thi	is box. 💢				Value of Oift
Source of Gift	in the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the			C	roumstances (including	description) of Gif	
Angress of Source Of G				i			
Address of Source of G		tend a best a con-	1 4	MAIONE about this bo	x 3(2)		Value'
		ITALITY (See ins	structions on page 2)	If NONE, check this bo	*. 💢	1 1	Value —
12 TRANSPORTATK Source (Name and Ad	(kiross)			Approximately a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second			
12 TRANSPORTATK Source (Name and Ad	orship, or employ		USINESS (See instru	actions on page 2) If NO		<u>   </u>	Position Held (1. Milicer, director, employee oir.)
12 TRANSPORTATION Source (Name and All Source (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source) (Name and All Source	ORSHIP, OR EMPLOY ame and Address)	MENT IN ANY B	USINESS (See instru	uctions on page 2) If NO	NE, check this box		Position Held (t. b. effice), director, employee ev)
12 TRANSPORTATIC Source (Name and A)	ORSHIP, OR EMPLOY ame and Address)  REST IN ANY LEGAL	MENT IN ANY B	USINESS (See instru	actions on page 2) If NO	NE, check this box	ick this box.	Position Held (c.) Afficer, dispetdar employee etc.)
12 TRANSPORTATIK Source (Name and Ad Source (Name and Ad Source (Name and Ad Ad 13 OFFICE, DIRECT Business Entity (N Name 14 FINANCIAL INTE Name and Address of	ORSHIP OR EMPLOY anne and Address)  REST IN ANY LEGAL of Business  RESTS TRANSFERRE	MENT IN ANY B	OUSINESS (See instru-Addle)  Addle INESS FOR PROFIT	uctions on page 2) If NO	NE, check this box	eck this box.	Position Held (i.e., 5%, 10%, etc.)
12 TRANSPORTATIK Source (Name and Ar Source (Name and Ar House State) 13 OFFICE, DIRECT Business Entity (N Name 14 FINANCIAL INTE Name and Address o  15 BUSINESS INTER Business (Name and Transferea (Name and	ORSHIP, OR EMPLOY orne and Address)  REST IN ANY LEGAL of Business  RESTS TRANSFERRICADD ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRE	MENT IN ANY B	OUSINESS (See instru- Adde INESS FOR PROFIT	(See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions	NE, check this box e 2) If NONE, che	eck this box.  Interest the Relationst Date Tran	Position Held (i.e., efficer, dispetidir employee oir.)  Interest Held (i.e., 5%, 10%, etc.)  idid ipsisfured id affirmation being made subject
12 TRANSPORTATIC Source (Name and Al Source (Name and Al 13 OFFICE, DIRECT Business Entity (N Name 14 FINANCIAL INTE Name and Address of 15 BUSINESS INTER Business (Name and	ORSHIP, OR EMPLOY orne and Address)  REST IN ANY LEGAL of Business  RESTS TRANSFERRICADD ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRE	MENT IN ANY B	OUSINESS (See instru- Adde INESS FOR PROFIT	(See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions on page (See instructions	NE, check this box as 2) If NONE, che ge 2) If NONE, che mowledge, informati d Employee Ethics A	eck this box.  Interest in Relationst Date tran on and belief; sa	Position Held (i.e., Micer, director employee out.)  Interest Held (i.e., 5%, 10%, etc.)  interest Held (i.e., 5%, 10%, etc.)

### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938

	PLEASE PI	KINI NEAILT							
01	LAST NAME	FIRST NAM	IE				MI	SUFFIX	
٠.			<b>□</b> \(\lambda \/ \  \  \  \  \  \  \  \  \  \  \  \  \				4		7
	PEFFER	201	ן טון נ						
02	ADDRESS office (business or governmental) or hame.			State	Zin Co	de Ar	ea Code	Phone	_
02	ADD								
									26
NC	DTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	II BEARS YOUR	SOCIAL SEC	JURITY NU	MBER O	CHINANC	HAL ACCOU	AT NOMBER	45.
03	STATUS Check applicable block or blocks, more than one block may be marked	I. (See instruction	s on page 2)				[]	NL1. 4L I-	
		<b>-</b>			гп		h	heck this	
	(~~)	Public Em				ck this blo u are filin	n a	re amendin	
	B Nominee C Public Official (Former)	D Public Em	iployee (Forn	ner)	asa	solicitor	a	n original fi	ling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	iob title, etc.)	seeking	X	hold		eld		
Ī			7 1	<del>                                     </del>		-TT			
A	FIELD SUPERVIDO	<u> Z   </u>		<u> </u>	<u> </u>				
			seeking		hold	lii h	eld		
ľ				TT-	T	ТТ			7
8 į			<u> </u>						
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ominee (e.g., dept,	agency, autho	rity, borough	board, co	mmission	county, school	oldistrict, twp,	, etc.)
A	MONTGOMERY COUN		OF	FI	CE	-	OF		
Į,				I	L				
R	DUBITO 4 ELITH		1						
_ [	PUDDIFFINERCITIT				<u> </u>		<u>l</u> l		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR S	EE INSTRUC	TIONS.					
			n in Blocks 8	,		2	0 1 17	;	
		disclosure	for the calend	dar year liste	ed here:	1	<u> </u>	. 1	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	30x.X							
	• • • •								
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONI	E, check this bo	x.     .	1					
••	Name PNC BANK Address:	600 Gran	t Stre	et		1	Interest Rate		
		1 7	n It	21 T			2.79	0	
		sbugh, P	H . 13	-13					
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	yment. (See instru	ictions on pg.			-1	(OFFICIAL	USE ONLY)	)
	MINTER CAUSTY	002	. 21	cneck tr	is block.	l			
	Name MONTGOMERY COUNTY Address	ostoury	x 211			I			
	Not	is town,	PA. 1	4604					
11	GIFTS (See instructions on page 2) If NONE, check this box.								
• • •	Source of Gift						Value of Gift		
				] - !	Г		T   4	3 [ ]	
					L		لللا	, L <u>l</u>	
	Address of Source of Gift		Circumstan	ices (includinç	descriptio	n) of Gift	₩.,	-	7 76
_									<del></del>
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check th	ils box.			V	alue i	•	
	Source (Name and Address)	- I - I I I I	T T	T	[	I -	TÍTT	1 1+-	+1
į				1	Į.				
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on page 2)	f NONE, che	ck this box	X	<del></del>	Position Held (i.	e., officer, dire	ctor.
	Business Entity (Name and Address)	, _ 2, ,			V>	43			
	Name. Address:						ි		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se	ee instructions on	page 2\ If	NONE, che	ck this b	, V	nterest Held (i.e	e. 5% 1∩% ≏	tc.)
• •	Name and Address of Business	madadadiis Oli	header) II		-n 400 D	~ '^			
	DUCINESS INTERESTS TO A MOSE BARRY TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARCH TO A MARC					<u></u>			
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	see instructions of	n page 2) If	NONE, che	_				
						erest Held ationship			
The	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the b	act of exid non-	n'e knouded	n info	Da Da	e Transfen	ed		E 1 = -
to th	the penalties prescribed that the foregoing information is true and correct to the base penalties prescribed to the foregoing information is true and correct to the base penalties prescribed to the foregoing information is true and correct to the base penalties prescribed to the foregoing information is true and correct to the base penalties prescribed to the foregoing information is true and correct to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties prescribed to the base penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penalties penal	the Public Officia	i and Employ	ee Ethics A	n and bel ct, 65 Pa.	ют; said a C.S. §110	mirmation bei 19(b)	ing made su	pject
	,		,			1	6-6	. 0	
	Signature			Enter Cu	rrent Dat	• <u>-</u> 4	25/4	<u> </u>	_
	THIS FO	E IS NOT COM	PLETED.	MAKEAC	OPY FO	R YOU	RECORD	s.	

PLEASE PF	RINT NEATLY						
01 LAST NAME	FIRST NAME	MI SUFFIX					
PHILIPS	BRIAN						
	DICTION						
100 ARREAG	•						
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FIN.	ANCIAL ACCOUNT NUMBERS					
3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)							
		Check this block if you					
A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Current) E Check this if you are as a solici	filing are amending					
, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	, , , , , , , , , , , , , , , , , , , ,	1					
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking hold	held					
ASSISTANT SOLIC	1110K						
	seeking hold	held					
3							
OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commiss	sion, county, school district, twp. etc.)					
SOLICITOR'S OFF	ICE						
3							
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS						
ATTORNEY	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	017					
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo		723					
tene comme in tened to the institutions on page 2) In none, enter this be	<b>~</b>	C/3 ***					
		<del> </del>					
OP CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	check this box.	Interest Rate					
Name: Address:							
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employn	nent (See instructions on pg. 2) ONLY IE NONE	(O <del>ffi</del> cial USE Gnly)					
	check this block	- 10.25 Marie					
Name: MONTGOMERY COUNTY Address:	NORRISTOWN, PA	<b>⇔</b>					
	· · · ·						
11 GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift					
55316 51 51		value or Girt					
Address of Source of Gift	Circumstances (including description) of Gi						
	oneametarises (moderning description) of the						
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Source (Name and Address)	ONE, check this box.	Value					
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	is on page 2) If NONE, check this box.	Position Held (i.e., officer, director,					
Business Entity (Name and Address)		employee, etc.)					
Name: Address:							
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)					
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se	e instructions on page 2) If NONE, check this box.						
Business (Name and Address)	Interest He Relationsh						
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the be-	Date Trans st of said person's knowledge, information and belief, sa						
	ne Public Official and Employee Ethics Act, 65 Pa.C.S. \$						
Signature	Enter Current Date	5/28/18					
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE	IS NOT COMPLETED. MAKE A COPY FOR YO	OUR RECORDS.					

### STATEMENT OF FINANCIAL INTERESTS

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

01	LASTNAME	FIRST NAME	MI SUFFIX
İ	Piatkowski	Tracy	S
NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	INCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked.	(See instructions on page 2)	Check this
	process of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Public Employee (Current) E Check this if you are f	filing are amending
	B Nominee C Public Official (Former) D	Public Employee (Former) as a solicit	or an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	bb title, etc.) seeking hold	held
A	A s s i s t a n t D i s t r	i   c   t   A   t   t   o   r   r	1 e y
		seeking hold	held
В	A s s i s t a n t D i s t r	ict Attorr	n e y
05	GOVERNMENTAL ENTITY in which you are were in Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough, board, commiss	ion, county, school district, twp, etc.)
A	Philadelphia Co	u n t y	
_ [			
В	D  i   s   t   r   i   c   t   A   t   t   o   r   n	ey's Offia	c e
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	
A:	ssistant District Attorney	disclosure for the calendar year listed here:	0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	эх.	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE	, check this box.	Laterat Data
	Name Address:		Interest Rate
	Kentucky Higher Education Student Loan Corp. PO B	ox 24328, Louisville, KY 40224-0328	2.63
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructions on pg. 2) ONLY IF NONE, check this block,	(OFFICIAL USE ONLY)
	Name. Philadelphia District Attorney's Office		
	City of Philadelphia 3 Sou	ith Penn Square, Philadelphia, PA 19107.	- 27 - 60
11	GIFTS (See instructions on page 2) If NONE, chack this box.		
r	Source of Gift		Value of Cift
	Address of Source of Gift	Circumstances (including description) of Gi	8
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.	Value .
1	Source (Name and Address)		
			Position Held (i.e., officer, director,
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	employee, etc.)
	Name: Address:	O) ISNOVE shoot this boy [	Interest Held (i.e., 5%, 10%, etc.)
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box.	
	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ee instructions on page 2) If NONE chack this how	
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	Interest H Relations	leld hip
The	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the b	Date Tran est of said person's knowledge, information and belief; sa	aid affirmation being made subject
	ne penalties pre	ind Employee Ethics Act, 65 Pa.C.S.	91109(b).
	Signa	Enter Current Date	2/18
	THIS	LETED. MAKE A COPY FOR YO	OUR RECORDS.

Signa

THIS

PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 *TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY Μŀ SUFFIX FIRST NAME LAST NAME 01 = # D A S NOTE: 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) Check this block if you D Public Employee (Current) E __ Check this block C Nublic Official (Current) A Candidate (including write-in) are amending if you are filing an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B | Nominee hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) L. seeking seeking hold 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.) 0 R T SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) CHESTAUT HUL CULLED Information in Blocks 8 -15 represents disclosure for the calendar year listed here: Montanger County Commenty College REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, USE ONLY) check this block. MONTOWAN COUNTY COMMENTY COllege DHLA CHESTMIT HULL 3 Patenten speam & Talthe STANDY YING UPPER SALAMO Levent 120 GIFTS (See instructions on page 2) If NONE, check this box. 🔀 Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Business Entity (Name and Address) PROMER UNKNOWN + BON WHO SINARY YICH Address. LV , NV Name FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business PERMIT AT AM & TEXAN SMARL YELLY INC BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject blic Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties pre 

OT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

		ŗ	PLEASE PRINT NEATLY		· · · · · · · · · · · · · · · · · · ·
01	LAST NAME		FIRST NAM	ΛΕ	MI SUFFIX
	POPEK		M A 1	THEW	J
02				, , , , , , , , , , , , , , , , , , , ,	
NO	NOTE: IF YOU ARE INCLUDING ATTACH	HMENTS, DO NOT INCLUDE ANY	THING THAT BEARS YOUR	SOCIAL SECURITY NUMBER OR F	INANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block o	or blocks, more than one block may	y be marked. (See instruction	s on page 2)	Check this
	A Candidate (including write  B Nominee	e-in) C Public Official (Cu C Public Official (Fo	· —	nployee (Current) E Check if you a as a so	this block block if you are amending licitor an original filing
04	PUBLIC POSITION OR PUBLIC OFF	FICE (administrator, member, Com	nmissioner, job title, etc.)	seeking X hold	held
A -	TRANSPO	RTATIO	NPLA	NNERI	I
_				seeking hold	held
В					
05	GOVERNMENTAL ENTITY in which you	ou are/were an Official, Employee, Car	ndidate or Nominee (e.g., dept,	agency, authority, borough, board, comm	nission, county, school district, twp, etc.)
Α [	MONTGOM	ERY CO	UNTY		
в					
06	OCCUPATION OR PROFESSION (T	This may be the same as block 4)	07 YEAR S	EE INSTRUCTIONS.	
	Transportation Pla		Information	n in Blocks 9, 15 represents	2017
08	REAL ESTATE INTERESTS (See ins	structions on page 2) If NONE, c	heck this box. 💢		
09	CREDITORS (See instructions on page	ige 2). Creditor (Name and Address	s) If NONE, check this bo	x. 💢	Interest Rate
	Name:		Address:		·
10	DIRECT OR INDIRECT SOURCES OF	INCOME including (but not limited to	o) all employment. (See instru	ctions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
	Name: Montgomery Co			check this block. [1] Nortishowa, PA 1940	
11	GIFTS (See instructions on page 2) Source of Gift	If NONE, check this box.			Value of Gift
					#455 745 7
,	Address of Source of Gift	<u> </u>		Circumstances (including description) of	Oit.
12	TRANSPORTATION, LODGING, HO Source (Name and Address)	SPITALITY (See instructions on p	page 2) If NONE, check th	is box. 🔀	CO <del>Vel</del> ue
	Course (Hame and Hadress)				
13	OFFICE, DIRECTORSHIP, OR EMPL. Business Entity (Name and Address)	OYMENT IN ANY BUSINESS (Se	ee instructions on page 2)	f NONE, check this box.	Position Field (i.e., officer director, employee, etc.)
	Name:		Address:		
14	FINANCIAL INTEREST IN ANY LEG Name and Address of Business	IAL ENTITY IN BUSINESS FOR P	'ROFIT (See instructions on	page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
15		RRED TO IMMEDIATE FAMILY ME	EMBER (See instructions or		
	Business (Name and Address)  Transferee (Name and Address)			Interes Relatio	
	ne undersigned hereby affirms that the for the penalties prescrit	recoing information is true and corr			said affirmation being made subject
ເບ ເກ			and the Fubile Official		4/5/2018
	Signature .  THIS FORM IS CONSIDER	RED DEFICIENT IF ANY BLO	CK ABOVE IS NOT CON	Enter Current Date _ IPLETED. MAKE A COPY FOR	

### STATEMENT OF FINANCIAL INTERESTS

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

		*** ***
POTVNSKI	FIRST NAME	MI SUFFIX
TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NU	MBER OR FINANCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block may be market	d. (See instructions on page 2)	Check this
	D Public Employee (Current) E  D Public Employee (Former)	Check this block if you are filing as a solicitor block if you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking	hold held
	ACER	
	seeking	hold held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e.g., dept, agency, authority, borough	, board, commission, county, school district, twp. etc
MONTGOMERY COUN	1   Y 7E	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
REtirement MANAGER	Information in Blocks 8 -15 represer disclosure for the calendar year lists	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	box.	
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Address	IE, check this box.	Interest Rate
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	IE, check this box.	Interest Rate
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address)  Address	JE, check this box.	NONE, OFFICIAL USE ONLY
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON  Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	Syment. (See instructions on pg. 2) ONLY IF check the	
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON  Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	Syment. (See instructions on pg. 2) ONLY IF check the	NONE, OFFICIAL USE ONLY
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed including (but not limited to) all employed including (See instructions on page 2) If NONE, check this box.	Syment. (See instructions on pg. 2) ONLY IF check the	NONE, OFFICIAL USE ONLY
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON  Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	Syment. (See instructions on pg. 2) ONLY IF check the	NONE, OFFICIAL USE ONLY)  NONE, OFFICIAL USE ONLY)  Value of Gift
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name. Address  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	Syment. (See instructions on pg. 2) ONLY IF check the	NONE, OFFICIAL SE ONLY)  Value of Gift  CO
CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name.  Address:  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  Address of Source of Gift	Seyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the c	NONE, OFFICIAL USE ONLY)  NONE, OFFICIAL USE ONLY)  Value of Gift
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name. Address  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	Seyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the c	NONE, OFFICIAL SE ONLY)  Value of Gift  CO
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name. Address  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	Seyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the c	NONE, OFFICIAL SE ONLY)  Value of GIL  Q description) of Girt
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this  CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ Name. Address  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	oyment. (See instructions on pg. 2) ONLY IF check the second of NONE, check this box.	NONE, nis block.  Value of Gift  Value  Value
CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  Address:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.  Address:  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). Source (Name and Address).  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). Business Entity (Name and Address).	Orcumstances (including f NONE, check this box.	NONE, nis block.  Value of Gift  Value  Position Held (i.e., officer, director)
CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employed in the instructions on page 2). If NONE, check this box.  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). Source (Name and Address).  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS. (See instructions on page 2). Business Entity (Name and Address).	oyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the ch	NONE, nis block.  Value of Gift  Value  Position Held (i.e., officer, director employee, etc.)
CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  Address:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.  Name.  Address:  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). Source (Name and Address).  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address).  Name.  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business).	Pyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the ch	NONE, nis block.  Value of Gift  Value  Position Held (i.e., officer, director employee, etc.)  interest Held (i.e., 5%, 10%, etc.)
CREDITORS (See instructions on page 2). Creditor (Name and Address).  Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.  Name: Address  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). Source (Name and Address).  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2). Name.  Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See	Pyment. (See instructions on pg. 2) ONLY IF check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the check the ch	NONE, nis block.  Value of Gift  Value  Position Held (i.e., officer, director employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  eck this box.
CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.  Name: Address  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2).  Poffice, DIRECTORSHIP, OR EMPLOYMENT IN BUSINESS (See Instructions on page 2).  Name: Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Susiness (Name and Address)).  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)).  Transferee (Name and Address)	Pyment. (See instructions on pg. 2) ONLY IF check the second of NONE, check this box.  Circumstances (including f NONE, check this box.  See instructions on page 2) If NONE, check this box.	NONE, nis block.  Value of Gift  Value  Value  Position Held (i.e., officer, director employee, etc.)  ick this box.  Interest Held (i.e., 5%, 10%, etc.)  Position Held (i.e., officer, director employee, etc.)
CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  CREDITORS (See instructions on page 2). Creditor (Name and Address). If NON Name:  Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment.  Name.  Address  GIFTS (See instructions on page 2). If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). Source (Name and Address).  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2). Name.  Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See and Address).  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Business (Name and Address)).	Pyment. (See instructions on pg. 2) ONLY IF check the second of NONE, check this box.  Circumstances (including f NONE, check this box.  See instructions on page 2) If NONE, check this box.	NONE, nis block.  Value of Gift  Value  Value  Value  Value  Value  Position Held (i.e., officer, director employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  eck this box.  Interest Held Relationship Date Transferred on and belief; said affirmation being made subjections.

### STATEMENT OF FINANCIAL INTERESTS

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

O1 LAST NAME FIRST NAM Price Jan	
	n e s E I I
W. Ab	
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	s on page 2) Check this
	ployee (Current) E Check this block if you are amending
B  Nominee	ployee (Former) as a solicitor an original filing
	seeking
A A S S i S t a n t D i S t r i c t	Attorney
	seeking hold held
8	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, a	agency, authority, borough, board, commission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N T Y	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SE	E INSTRUCTIONS.
Lavwer/Prosecutor Information	in Blocks 8 - 15 represents or the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	of the calcification for the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the calcification of the c
(ess montelles) (ess montelles) in room, sincer this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
Name: Neinet (Student Loan)  Address	Interest Rate
P.O. Box 82561, L	incoln, NE 68501 6.75
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruct	tions on pg. 2) ONLY IF NONE, Check this block. (OFFICIAL USE ONLY)
Name: Rosemont University Address	- 22
1400 Montgomery	Ave., Bryn Mawr, PA 19010
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Velue oFG/ft
Address of Source of Gift	Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this	200
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this Source (Name and Address)	S box. Value C
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If Business Entity (Name and Address)	NONE, check this box. Solution Held (i.e., officer, director, employee, etc.)
Name Address	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on p Name and Address of Business	page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
A DIGINAL DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLACTA DE LA CALLA	
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on Business (Name and Address)	Interest Held
Transferee (Name and Address)	Relationship Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's to the penalties <u>prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities)</u> and the Public Official a	
Si	Enter Current Date 4/4/18
T BOVE IS NOT COME	PLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

																											-
LAS	STNAM	ΛE			,						<del></del>		<b>–</b> ) r	FIRS	NAMI	<u> </u>		<del></del>	т-		· · · · ·		- T	r	MI	SUF	FIX
Ü		J.										<u> </u>		<u>L</u>   u	(	4								╛╽		<u> </u>	<u>_</u>
ADD	)				**							City	•					Sta	ato .	Zin	Code		Area (	Code		Phon	8
TE: IF	YOU A	RE IN	CLUDI	NG AT	ACHN	IENTS	סם,	NOT	INCL	UDE /	ANYTI	HING	THAT	EARS	YOUR S	SOCIAL	SEC	URIT	Y NU	MBEF	ROR	FINAN	ICIAL	ACC	COUN	NUM	BERS.
STA	TUS	Check	c applic	able blo	ock or I	olocks	, mor	re than	n one	block	may l	be ma	rked. (S	ee instr	uctions	on pag	ge 2)									eck th	
А		Candid	late (inc	cluding	write-ir	1)	c [	Р	ublic	Officia	al (Cur	rent)	D [	Put	olic Emp	oloyee (	(Curre	ent)	Ε			this tare fili			are	ck if y amer	iding
8	3 🔲 t	Nomine	ee				c [	P	ublic	Officia	al (For	mer)	ا م	Put	lic Em	oloyee (	(Form	ner)				olicito			an	origin	al filing
PUB	BLIC PO	SITIO	N OR F	PUBLIC	OFFI	CE (ad	iminis	strato	r, mei	mber,	Comn	nission	ner, job	title, etc	.) 🔲	seeking	g			hold			held	-,			
A	5	,	7	+	C\	n	F		a	] . 	. ا	+	1	, (	1		A	t	+	O	1	٠,٨	e	1	1		
L		k								-						seekin	g			hold			held	`	,		
ГТ			T		T		T		<u> </u>	1								[			T			T			
<u></u> _								I	<u> </u>	.L	<u> </u>		Ļ <u>.</u>						<u> </u>				- 1			41-6-7-7	*************
GOV	VERNME	ENTAL	ENTIT	<b>Y</b> in whi	ch you	are/we		ļ	al, Em	T	[	T	7 1			igency, a	autho	rity, bo	rough	, boar	a, con	missio	on, cou	inty, S	school	aistrict,	wp, etc
М	0   1	ר ע	ΓG	0	M	E	R	Y	<u> </u>	C	0	U	N	T	<u> </u>	<u>                                     </u>	L	Ĺ		1				1			1
	:				T	··		· · · · ·	I	T	[	T			T			Ī		T				T		<u></u>	
		. <u> l</u> .	L	<u> </u>	l l			L	<u> </u>	1	<u> </u>	<u>L</u>	<u>: L</u>					L	<u></u>	L			. 1				_L
	CUPATI								me as	s block	< 4)			07 YEA Info		E INST in Bloc				nts	Į	2	0	1	7	1	
4	55,21	Int	<u>_()</u> ,,	thet	<u> </u>	1100	ne i	ሳ								or the c					re:	<u>~</u>	<u> </u>		<u> </u>	]	
	EDITOR	<b>RS</b> (Se	e instru	ctions	on page	ruction	redit	page				) If N		:heck ti	nis box	· 🗆 _		<i>n t</i>					Inte	erasti	Rate		
CRE	EDITOR	r <b>s</b> (Se	e instru	ctions	on page	e 2). C	redit	page for (Na	ame a	and Ad	Idress	) If N	NONE, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	81	ً بات				બ	C	3%		
CRE	EDITOR	r <b>s</b> (Se	e instru	ctions	on page	e 2). C	redit	page for (Na	ame a	and Ad	Idress	) If N	NONE, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	85	ران VLY IF	NON	E,		લ	C	1		
CRE Name	EDITOR	RS (Se	e instru	OURCE	on page	e 2). C	credit	or (Na	ame a	and Ad	Idress	) If N Add	NONE, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	85	ران VLY IF	NON	E, ock.		લ	C	3%		NLY)
CRE Name	EDITOR	RS (Se	e instru	OURCE	on page	e 2). C	credit	or (Na	ame a	and Ad	Idress	) If N Add	none, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	85	ران VLY IF	NON	E, ock.		લ	C	3%		NLY)
ORE Name	EDITOR	RS (Sec.	e instru	OURCE	S OF I	e 2). C	redit	or (Na	ame a	and Ad	ddress	) If N Add	none, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	85	ران VLY IF	NON	E, ock.		и (С	C	3%		NLY)
ORE Name	EDITOR	RS (Sec.	e instru	OURCE	S OF I	e 2). C	redit	or (Na	ame a	and Ad	ddress	) If N Add	none, dress	heck to	. <u>6</u> ] <u>-</u> 2205	. <u> </u>	<del>Ź</del>	85	ران VLY IF	NON	IE, ock.		и (С	C	3 1/2 DIAL U		NLY)
DIRE Name  Name  GIF Soul	ECT OR	RINDIR	e instru	OURCE	S OF I	e 2). C	redit	or (Na	ame a	and Ad	ddress	) If N Add	none, dress	heck to	. <u>6</u> ] <u>-</u> 2205	tions or	A proprieta	2) ON ch	VLY IF	NON		of Gift	-√(C	C	3 1/2 DIAL U		NLY)
DIRE Name Name GIF Sour	ECT OR	R INDIR	e instru	DURCE	S OF I	e 2). C	ers on	page	y (but	not lim	nited to	) If N Add	mploymodress	Phoent (Se	Son 1-2 e instruc	ctions or	T pg.	2) ON ch	VLY IF	NON		) of Gill	(C)	C alue c	OIAL U	SE OF	
DIRE Name OIRE Name Addre	ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR	RS (Second Indianal Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	e instru RECT Si	ODGIN	S OF I	e 2). C	ers on	page	y (but	not lim	nited to	) If N Add	mploymodress	Phoent (Se	Son 1-2 e instruc	ctions or	T pg.	2) ON ch	VLY IF	NON		) of Gill	(C	C alue c	OIAL U	SE OF	
DIRE Name OIRE Name Addre	ECT OR	RS (Second Indianal Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	e instru RECT Si	ODGIN	S OF I	e 2). C	ers on	page	y (but	not lim	nited to	) If N Add	mploymodress	Phoent (Se	Son 1-2 e instruc	ctions or	T pg.	2) ON ch	VLY IF	NON		) of Gill	(C)	C DFFIC	OIAL U	SE OF	
DIRE Name  Name  Addre  TRA  Soul	ECT OR  ECT OR  FTS (Searce of Gift  answer of Source (Name)	RINDIR RINDIR	RECT Side of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	DURCE	S OF I	e 2). C	Credit	page	g (but	box.	Iddress	Add	none, dessemble dress	Phoent (Se	S. CALZ	Circuis box.	n pg.	2) ON ch	NLY IF	NON his bl		) of Gill	Válue Posi	alue c	30 A 10:	SE ON	
DIRE Name  Name  GIF Sour  Addre	ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR	RRS (See LAW INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTOR INDIRECTO	e instru RECT Si	DURCE ON PAGE	S OF I	e 2). C	Credit	page	g (but	box.	Iddress	Add	none, dessemble dress	Phoent (Se	S. CALZ	Circuis box.	n pg.	2) ON ch	NLY IF	NON his bl		) of Gill	Válue Posi	alue c	30 A 100	SE ON	
DIRE Name  Name  Sour  Addre  TRA Sour  OFI Bus	ECT OR  ECT OR  FTS (Searce of Gill  ANSPO  Ince (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name (Name	RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RI	e instru  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si	DURCE On page DDGIN	S OF I	POLYME	E inc	page for (Na cluding	this	box.	is on p	Add	none, indress	DNE, ch	S.   S.   S.   S.   S.   S.   S.   S.	Circu	n pg.	2) Oh ch	NLY IF Heck t	F NON his bl	conption	) of Gill	Value	alue c	CIAL U	SE Of	
OFF Bus Name	EDITOR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR	R INDIR  R INDIR  R INDIR  R INDIR  CE INSTRUCTION  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R INDIR  R IND	e instru RECT So	DURCE On page	S OF I	POLYME	E inc	page for (Na cluding	this	box.	is on p	Add	none, indress	DNE, ch	S.   S.   S.   S.   S.   S.   S.   S.	Circu	n pg.	2) Oh ch	NLY IF Heck t	F NON his bl	conption	) of Gill	Value	alue c	CIAL U	SE Of	directo
CRE Name  Name  GIF Sour  Addre  TRA Sour  Name  FIN Name	ECT OR  ECT OR  TS (Seurce of Gill  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  EC	R INDIR  R INDIR  R INDIR  R INDIR  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Con	e instructions ructions Gift TORSH Name ar	DURCE On page DDGIN  IIP, OR IIIP, OR IIIP, OR	S OF I	POTENTIAL EN	IE inc	page for (Na cluding	this instr	box.  BINES	is on p	Add	mploymed dress:  If Not truction:  T (See	ONE, ch	S.   A   A   A   A   A   A   A   A   A	Circuits box.	n pg.	2) ON ch	NLY IF	NON his bi	nption	of Gh	Value	alue c	CIAL U	SE Of	directo
ORE Name  Name  Addre  Addre  TRA  Soul  Name  A FIN Name  5 BU	ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR  ECT OR	RS (See C INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDIR R INDI	e instru RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S RECT S	DURCE On page On page IIIP, OR III AN' IIN AN'	S OF I	POTENTIAL EN	IE inc	page for (Na cluding	this instr	box.  BINES	is on p	Add	mploymed dress:  If Not truction:  T (See	ONE, ch	S.   A   A   A   A   A   A   A   A   A	Circuits box.	n pg.	2) ON ch	NLY IF	NON his bi	this bo	of Gh	Velue	alue c	CIAL U	SE Of	directo
OFI Bus Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN Name I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAME I FIN NAM	ECT OR  ECT OR  FTS (Searce of Gill  Bass of Source (Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of N	RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RINDIR RI	e instru RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  RECT Si  REC	DDDGIN  DDDGIN  IIP, OR  IIIP, OR  STRAN  STRAN  SSS)	S OF I	POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION O	E inc	page for (Na cluding	this e instr	box.  uction  ESS F	as on p	Add Add Add Add Add Add Add Add Add Add	mploymed dress:  2) If Notation dress:  T (See	DNE, ch	S.   A   A   A   A   A   A   A   A   A	Circuls box.	n pg.	2) ON ch	LLY IF HE CK t t T T T T T T T T T T T T T T T T T	NON his bl	this bo	ox. Crost Heatinsh	Vélue Positionemp	alue c	CIAL U	SE Of	directo
CRE Name  Pare Name  GIF Sour  Addre  TRA Sour  FIN Name  Bus  Tra he under	EDITOR  THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	RES (See Linding Res Instructed of DIRECT Entity (Instructed of Linding Res Instructed of Linding Res Instructed Control (Name and Instructed of Linding Res Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Inst	e instructions ructions ructions ructions ructions ructions ructions ructions ructions ructions ructions ructions	DDDGIN  DDDGIN  IIP, OR  IIIP, OR  STRAN  STRAN  SSS)	S OF I	POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION O	E inc	page for (Na cluding	this e instr	box.  uction  ESS F	as on p	Add Add Add Add Add Add Add Add Add Add	mploymed dress:  If Note truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truct	DNE, ct	Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son	Circuls box.	n pg.	2) ON ch	NLY IFF Heck t  Is bo	F NON his bi	this bo	ox. Cox ox ox ox ox ox ox ox ox ox ox ox ox o	Vélue Position de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la filipation de la fi	alue c	CIAL U	SE Of	directo
OFF Bus Name FIN Name under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the unde	ECT OR  ECT OR  FTS (Searce of Gill  Bass of Source (Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of N	RES (See Linding Res Instructed of DIRECT Entity (Instructed of Linding Res Instructed of Linding Res Instructed Control (Name and Instructed of Linding Res Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Instructed Control (Name and Inst	e instructions ructions ructions ructions ructions ructions ructions ructions ructions ructions ructions ructions	DDDGIN  DDDGIN  IIP, OR  IIIP, OR  STRAN  STRAN  SSS)	S OF I	POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION O	E inc	page for (Na cluding	this e instr	box.  uction  ESS F	as on p	Add Add Add Add Add Add Add Add Add Add	mploymed dress:  If Note truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truction truct	DNE, ch	Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1 = 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son 1   Son	Circuls box.	n pg.	2) ON ch	LLY IF Heck t	NON his black to heck the heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to heck to he	this bo	OX. Constitution of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	Vélue Position de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria del filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria de la filipatoria	alue c	CIAL U	SE Of	directo

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

01 LAST NAME	FIRST NAME MI SUFFIX
QUIRUS	JEANNETTE J
	Out Tie Code Area Code Phone
	T DE ADE YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	
03 STATUS Check applicable block or blocks, more than one block may be marked.	— block if you
A Candidate (including write-in)	Public Employee (Current)  Public Employee (Former)  Public Employee (Former)  Public Employee (Former)  Public Employee (Former)  Public Employee (Former)  Public Employee (Former)
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	ob title, etc.) seeking X hold held
AMEMBER, VICE CHA	
BMEMBER ASS'T TRE	seeking K hold held  ASUREZ/SCCRETARY
	ominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
	RANSP. AUTHORITY
AMONTGOMCRY COT	
BWHITEMARSH TWP	SEWER AUTHORITY
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents
Director, Traffic Engineering	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	pox. 🔀
	C) menag
05 ONEDITORO (OGO MONOGONI STAPES - ) (	E, check this box.
Halle Orginia I Company	1818 Market St. 23, 23
the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	yment (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	CRECK INIS DIOCK.
Name: MC Cormick Taylor Address	2001 Market St. 10th floor 5
	SMUGGIPME PAINIDS 8
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)	NONE, check this box. X
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruct Business Entity (Name and Address)	ions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Name McComick Taylor Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	lee instructions on page 2) If NONE, check this box. X Interest Held (i.e., 5%, 10%, etc.)
	On instructions on page 2). If NONE about this box. V
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER ( Business (Name and Address)	Interest Held
- , Al	Relationship Date Transferred  Date Transferred
The undersigned hereby affirms that the foregoing information is true and correct to the to the penalties prescribed by 18 Pa C.S. §4904 (unsworn falsification to authorities) and	
Signature	Enter Current Date 4-9-2018
THIS FOR	S NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

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

01 LAST NAME FIRST NAME	MI SUFFIX
Qureshi Furrah	」
With floor	Area Code Shope
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR	FINANCIAL ACCOUNT NUMBERS.
if you	Check this block if you are filing are amending solicitor an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
AASSISTANT DISTRICT ATTOR	ney
B seeking hold	held
D5 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, com-	nmission, county, school district, twp, etc.)
A M O N T G O M E R Y C O U N T Y	
BDISTRICT ATTORNEY'S OFFI	ce
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  OF YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
OB CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name Fed luan Sumung / Phana Address PO Box 69184  Harrisburg PA17106-9184	Interest Rate
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	2018 Å
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
Source of Gift  Nome	
Address of Source of Gift Circumstances (including description	oren E
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	Value Value
Source (Hairle and Audiess)	<b>T</b>
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)	Position Held (i.e., officer, director employee, etc.)
Name Address	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this bo Name and Address of Business	interest Held (i.e., 5%, 10% etc.)
	ox. Prest Held attornship
fransteree (Name  The undersigned here to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge, information and believe to the penalties preson is knowledge.	
Signatur Enter Current Date  THIS E	<u> </u>

### STATEMENT OF FINANCIAL INTERESTS

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

RazzaK	Jasmine	MI SUFFEX
	State 2 in Code	Area Code Phone
MOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block may be marked  A Candidate (including write-in) C Public Official (Current)		Check this block block if you are amending
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking hold	held
Internal Audito	2 n	
	seeking hold	held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	Nominee (e.g., dept. agency, authority, borough, board, commiss	ion, county, school district, twp. etc.
Controller's 06	bice	
6 OCCUPATION OR PROFESSION (This may be the same as block 4)  Thema Avaitor	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 8
CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name  Address  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emple	oyment. (See instructions on pg. 2) ONLY IF NONE,	Interest Rate  (OFFICIAL USE ONLY)
Name Addres	check this block.	·
		2
1 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift		CValue of Gift 2
		6,4
Address of Source of Gift	Circumstances (including description) of Gi	
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)	If NONE, check this box.	Value 12
Gourte (ridiile and nouess)		731 5
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruc Business Entity (Name and Address)	tions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Name Address		
FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (S Name and Address of Business	See instructions on page 2) If NONE, check this box.	Interest Held (i.e., 5%, 10%, etc.)
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER ( Business (Name and Address)	(See instructions on page 2) If NONE, check this box. Interest H Relations Date Trans	hip
Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the to the penalties pre		aid affirmation being made subjec
Signat -	Enter Current Date	24.30.2018
-	VE IS NOT COMPLETED. MAKE A COPY FOR Y	OUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE FITHCS COMMISSION (717) 783-1610 • [OLL FREE 1-800-932-0936

LASTNAME  Keell Viinsen	FIRST NAME	MI SUFFIX
IN S STATE IN THE STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	ter i lande, i ha sa i e e	ada Aug Cata Dispu
лек — дэгжэг бартаан үхэгжийг гэт са, хай бал аху хөгтгийг. Ньбт	म्बर्धाः सम्बद्धाः अ <b>म्बर्धाः अस्ति।</b> इति सम्बद्धाः सम्बद्धाः स्टब्स्	MATERIAL STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STATES AND AREA OF STAT
3 STATUS Check applicable block or blocks, mure than one block may be marked ( A   Candidate (including write-in)   C   Public Official (Current)   D   B   Nommbe   C   Public Official (Former)   D	Rublic Employee (Current) E Ch	Check this block if you are filing a solicitor an original filing
4 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jot	tille, etc.) seeking X hold	field
e, n, vii rio n mental H	eal, the Sp	e e i la la la s
	seeking hold	l.i held
GOVERNMENTAL ENTITY in which you are wore an Official, Employee, Candidate or Nom		commission, county, school district, (wp. etc.)
occupation or profession (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here	2 0 / 7
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) bil employs  Name Montgomery County Address	P.O. Box 311	k ,
$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	proistown PA 19404	
11 GIFTS (See instructions on page 2) If NONE, check this box. X Source of Gift  Address of Source of Gift	Citemashirens (methang desensa	Value of Grit
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If N Squirce (Native and Address)	ONE, check this box.	Value
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)  Address	is on page 2) If NONE, check this box. 🗴	Position (Rith (i.e. afficial dilector
Name  Address of Rusiness  Address of Rusiness	instructions on page 2) If NONE, check this	box. Minterest Held tile 68, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Sel Business (Name and Address)	1 1	Interest Held Relationship
Transferes (Name and Address) The undersagned h	d person's knowledge, information and t	Date Transferred belief sald affirmation being made subject
to the penalties pro	c Official and Employee Ethics Act, 65 F	
		Illanta a

# STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME  REILLEY	FIRST NAME  MI SUFFIX  P
	Clate Zio Codo Area Codo Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked.  A Candidate (Including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Current) E Check this block if you are filing if you are filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jc	b title, etc.) seeking hold held
A OFFICE MANAGER	BOOKKEEPER   hold   held
В	Seeking I liviu I lieu
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A MONTGOMERY COUN	TY
В	
OCCUPATION OR PROFESSION (This may be the same as block 4)  OFFICE MONIGOR / BOOK KEEPCE  OR REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this be	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 / 7
Name: The Houtingdon National Bank Address: Color	i, check this box.   AU-BOX 182519  WBUS, OH 43318-3519  The ment (See instructions on pg. 2) ONLY IF NONE.   (OFFICIAL USE ONLY)
Martoneen Pourty	P.O.Box 311 ristown, PA 19404
	(17310000, 174, 174, 174, 174, 174, 174, 174, 174
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 instruction Business Entity (Name and Address)  Name: Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	ee instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)  Transferee (Name and Address)	Interest Held Relationship Date Transferred
- the the foregoing information is true and correct to the t	best of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Signature .  THIS FOLLOW ABOV	Enter Current Date 7 3 3 070  /E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

1 LAST NAME    P   N   O	MI SUFFIX
02	Share
NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN	ANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this if you are	
B Nominee C Public Official (Former) D Public Employee (Former) as a solic	an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
AEnvironmental Health Spec	i \( \int \) \( \begin{array}{c c c c c c c c c c c c c c c c c c c
B seeking hold L	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission)	sion, county, school district, twp, etc.)
AMOntgomery County Health	0 e p t
B	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents	
Environmental Health Specialist disclosure for the calendar year listed here:	0 18
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	Interest Rate
Name Address:	-
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE,	(OFFICIAL USE ONLY)
check this block.	(OFFICIAL USE ONLY)
Name Montgoing Co. Howth Dept. Address 102 York Round	(OFFICIAL USE ONLY)
check this block.	2018 27
Name Montgoiney (:0. Henth Dept. Address 102 York Rond Willow Errove, SA 19090	20 <b>20</b>
Name Montgoing (a. Manth Dept. Address. 102 York Road  Willow Firove, SA 19090  If NONE, check this box. If Source of Gift	2018 MARCIT -8
Name Montgoing (a. Halth Dept. Address 102 York Round  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  Circumstances (including description) 672	2018 MAGIIII — B PM OTER SERV
Check this block.  Name: Montgoing (: 0. Houth Dept. Address. 102 York Round  Willow Eirove, SA 1909 0  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) 67  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	2018 Maint O Levalue Dent O Le Philosophia Coralue
Check this block.  Name: Montgoing (: 0. Houth Dept. Address. 102 York Round  Willow Firove, If 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) on page 2) If NONE check this box.	2018 Marit
Check this block.  Name: Montgoing (: O. Mc-ith Dept. Address. 102 York Ro )  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) 672  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.	2018 Maint O Levalue Dent O Le Philosophia Coralue
check this block.  Name Montgoiney (a. Month Dept. Address. 102 York Road  Billow Grove, IA 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	Cyalue Deift  Statue  Position Held (i.e., officer, director,
check this block.  Name Montgoing (: o. Month Dept. Address. 102 York Road  Willow Evove, IA 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) 67  Compared to the struction of the source (Name and Address)  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.  Name  Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Check this block.  Name Montgoing (: 0. He-ith Dept. Address. 102 York Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of Life Ro. of	Position Held (i.e., officer, director, employee, etc.)
check this block.  Name Montgoing (: o. Month Dept. Address. 102 York Road  Willow Evove, IA 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) 67  Compared to the struction of the source (Name and Address)  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.  Name  Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.	Position Held (i.e., 5%, 10%, etc.)
check this block.  Name Montgoing (: O. Horth Dept. Address. 102 York Ro. 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift  Circumstances (including description) Processor of Source (Name and Address)  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.  Name  Address  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.  Interest: Relation  Interest: Relation	Position Held (i.e., 5%, 10%, etc.)  Held ship
check this block.  Name Montgoing (co. Month Dept. Address. IO2 York Ro. 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) Address of Source (Name and Address)  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  Name Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  16 Business (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge. Information and belief, is	Position Held (i.e., 5%, 10%, etc.)  Position Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
check this block.  Name Montgoine (co. Month Dept. Address. 102 York Round 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Source (Name and Address)  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  Name Address  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Name Address  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.  Interest Relation Transferce (Name and Address)  Transferce (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; to the penalties prescribed	Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Held ship ansferred said affirmation being made subject \$1109(b).
check this block.  Name Montgoing (co. Month Dept. Address. IO2 York Ro. 1909 o  11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) Address of Source (Name and Address)  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  Name Address  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  16 Business (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge. Information and belief, is	Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)

•	COMMONWEALTH OF PENNSYLVANI A SEC-1 REV. 01/18	STATEMENT OF FIN	IANCIAL INTERES		NNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 •TOLL FREE 1-800-932-0936
01	LAST NAME RINDE		FIRST NAME	HAN	MI SUFFIX
02					
NC	DTE: IF YOU ARE INCLUDING ATTACHMENTS	S, DO NOT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECUR	ITY NUMBER OR F	INANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks  A Candidate (including write-in)  B Nominee	i, more than one block may be marked.  C Public Official (Current) D  C Public Official (Former) D	Public Employee (Current)		Check this block if you re filing are amending licitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (ac	dministrator, member, Commissioner, jo	b title, etc.) seeking	hold	held
Α	MONTCOA	GRICULT	URALP	RES	BD
Г			seeking	hold	held
В					
05	GOVERNMENTAL ENTITY in which you are/we	re an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, t	oorough, board, comm	nission, county, school district, twp, etc.)
Α					
в					
06	OCCUPATION OR PROFESSION (This may	be the same as block 4)	07 YEAR SEE INSTRUCTIO	NS.	
	AHorney		Information in Blocks 8 -15 r disclosure for the calendar y		2 0 1 7
08	REAL ESTATE INTERESTS (See instruction	s on page 2) If NONE, check this bo	х. 🔀	"	70.5
09	CREDITORS (See instructions on page 2). C		check this box.		Therest Rate
10	Name: SEE ATTACH		c	NLY IF NONE, heck this block.	OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NON Source of Gift	IE, check this box.			Value of Gift
ſ	Source of our				value of Gin
L	Address of Source of Gift		Circumstances (i	ncluding description) of	Gift -
12	TRANSPORTATION, LODGING, HOSPITAL Source (Name and Address)	ITY (See instructions on page 2) If N	ONE, check this box.		Value
	Source (Name and Address)				
13	OFFICE, DIRECTORSHIP, OR EMPLOYMEN Business Entity (Name and Address)	T IN ANY BUSINESS (See instruction	s on page 2) If NONE, check the	nis box.	Position Held (i.e., officer, director, employee, etc.)
	Name:	Address:			
14	FINANCIAL INTEREST IN ANY LEGAL ENT Name and Address of Business	See ATTACHED	instructions on page 2) If NON	E, check this box.	Interest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO Business (Name and Address)		e instructions on page 2) If NO	NE, check this box.	Accri
	Transferee (Name and Address)			Relation	
	undersigned here e penalties prescr		of said person's knowledge, info Public Official and Employee E		said affirmation being made subject . §1109(b).
	Signature			nter Current Date _	5/1/18 _{1/2}
	THIS FO	13 (	NOT COMPLETED. MAP	(E A COPY FOR	YOUR RECORDS. / 1/2

# Block 9 - Creditors

Creditor/Address

Wells Fargo Home Mortgage PO Box 19411

PO Box 19411 Des Mons, IA

US Bank Home Murgage 4801 Frederica Street

Overston, KY

TD Bank

Interest Rate

4.5

5.875

5.0

# Block 10 - Sources of Income (Gross)

Whitey Beaty 3925 Mill Road, Collegeville

Armand Lalwani 3924 Mill Road, Collegentle

MANKO GOLD ENTOHER: FOX Ste 901, 401 Coty Avenue Bola Cynnyd, PA Christian Schnell 439 Main St, Apt 1 Collegen lle

Chris Wierzbowski 439 Main St. Apt 2 Collegeville JONATHAN RINDE

2017 STATEMENT OF FWANCIAL INTERES

Block 14 - BUSINESS INTERESTS

Red Sky I, L.P. P.O Box 36204 Collegentle, PA

49%

6.44%

Manko, Gold, Katcheri Fox, LLP Suite 901 401 City Avenue Bala Cyawyd, PA

3/3

COMMONWEALTH OF PENNSYLVANI

PENNSYLVANIA STATE ETHICS COMMISSION

A SFC-1 REY	V 01/18	SIATEMENT		IT NEATLY	(717	783-1610 • TOLL FREE 1-800-932-0936
01 LAST NA	GERS			FIRST NAME WILLIA	[m] ] ]	MI SUFFIX
02 ADDRESS	a office		114	914	to 7in Code	Area Code Phone
NOTE: IF YOU	ARE INCLUDING ATTACHMENT	S, DO NOT INCLUDE ANYTH	ING THAT E	BEARS YOUR SOCIAL BECURIT	Y NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.
03 STATUS	Check applicable block or block				<del>2 2) </del>	Check this
А [] В []	Candidate (including write-in)	C Public Official (Curr	,	Public Employee (Current) Public Employee (Former)	E Check this if you are f	block block if you ling are amending or an original filing
04 PUBLIC P	OSITION OR PUBLIC OFFICE (	dministrator, member, Commi	ssloner, job	title, etc.) asseking	⊬ hold □	held
AHE	ALTHIE	NSPEL	7 0	A seeking	hold [_]	held
в				seeking		Traction and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
05 GOVERNA	VIENTAL ENTITY in which you are/w	ere an Official, Employee, Candi	date or Nomi	nee (s.g., dept, agency, authority, bo	rough, board, commiss	ion, county, school district, twp. etc.)
^ MO	NTGOME	RY CO	u w	TYHEA	1 7 14	DEPT
В						
	TION OR PROFESSION (This me Trapector	y be the same as block 4)		07 YEAR SEE INSTRUCTION Information in Blocks 5 -15 rei disclosure for the calendar ye	presents 2	810
09 CREDITO	TATE INTERESTS (See instructions on page 2).  Your da: Can Los	Creditor (Name and Address)				Interest Rate  O 4 9/0
	RINDIRECT SOURCES OF INCOI			ent. (See instructions on pg. 2) Oh ah 364 K. Street W. A. Y. Coll.	eck this block. []	(OFFICIAL USE ONLY)
11 GIFTS (S Source of G	iee instructions on page 2) If NC iiii	NE, check this box.				Velue of Oift
Address of St	ource of Gift	d == =================================		Circumstances (in	cluding description) of G	H-
	ORTATION, LODGING, HOSPITA	ALITY (See instructions on pa	ge 2) if N	ONE, check this box.		Value
	DIRECTORSHIP, OR EMPLOYME Entity (Name and Address)	NT IN ANY BUSINESS (See	instruction	s on page 2) If NONE, check th	s box.	Position Held (i.e., officer, director, omployee, etc.)
Name:			Address:	Later and the second	, phack this box.	Interest Heid (i.e., 5%, 10%, etc.)
14 FINANCIA Name and A	AL INTEREST IN ANY LEGAL E	ITITY IN BUSINESS FOR PR	UPII (S <b>40</b>	matrictions on page 2) in NONs	s, oness this dox.	1
	Aggrass of Oddiness					<u> </u>
	SS INTERESTS TRANSFERRED	TO IMMEDIATE FAMILY ME	MBER (Sec	e instructions on page 2) If NON	interest in Relations	hip
Businass (f	SS INTERESTS TRANSFERRED Name and Address		ct to the bes	at of said berson's knowledge, info	interest In Relations Date Tran Irmation and belief; sa	hip istened sid affirmation being made subject
Businass (f	SS INTERESTS TRANSFERRED Name anit Address) (Name and Address) and hereby affirms that the foregoin		ct to the bes		interest In Relations Date Tran Irmation and belief; sa	hip istened sid affirmation being made subject
Business (for Transferse The undersigns	SS INTERESTS TRANSFERRED Name and Address) (Name and Address) and hereby affirms that the foregoin		ot to the bes	at of said berson's knowledge, info	interest in Relations Date Transmission and bolief; sa hics Act, 65 Pa.C.S.	hip isferred sid affirmation being made subject e1109(b). 4/30/18

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

PLEASE PRINT NEATLY SUFFIX МІ FIRST NAME LAST NAME OWS NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D M Public Employee (Current) Check this block C Public Official (Current) Candidate (including write-in) are amending if you are filing an original filing C Public Official (Former) рL Public Employee (Former) as a solicitor Nominee **√** hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held seeking 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.) 05 07 YEAR SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents 2 0 7022,927£ disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ดล CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address: Courthouse P.O. Box 31 2018 Bundang band Padang band Value of Gift If NONE, check this box. GIFTS (See instructions on page 2) Source of Gift Circumstances (including description) of Gift Address of Source of Gift Value TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 0 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) Address Name Interest Held (i.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescribed Enter Current Date Signature _ OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS FORW

# STATEMENT OF FINANCIAL INTERESTS

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

01 LAST NAME	FIRST NAME MI SUFFIX
RYAN	MICHAEL
02	Custo Zin Cada Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING T	THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be man  A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	ked. (See instructions on page 2)  D Public Employee (Current)  D Public Employee (Former)  Check this block if you are filing as a solicitor  as a solicitor  Check this block if you are amending an original filing
B Nominee C 13 Public Official (Former)  04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commission	
	RECT ATTORNEY
ASSISTANT DIST	seeking hold held
В	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate of	or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.)
A MONTGOMERUCOU	N T Y
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 2 0 1 7
Attorney	disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	WANE shock this box
Name: US Dept. of Education Ado	weshington, DC 20202 6. \$5 7
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all er	mployment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
Monteonery County DA'S Official	dress Po Box 311 Norrithman PA
Name: Monteonery County DA'S Officerado Delaware County Internadicate Unit 2	so yale Rd Morton PA 19070
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value o <b>F€</b>
Source of Gift	
Address of Source of Gift	Circumstances (including description) of Gift
LODGING HOSPITALITY (See instructions on page 2	2) If NONE, check this box. 🔀 Value
Source (Name and Address)	
	tructions on page 2) If NONE, check this box.
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See ins Business Entity (Name and Address)	employee etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFI Name and Address of Business	T (See instructions on page 2) If NONE, check this box. Interest Held (i.e. 5% 10% etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBE Business (Name and Address)	ER (See instructions on page 2) If NONE, check this box. Interest Held Relationiship
Transferee (Name and Address)	Date Transferred  She best of said person's knowledge, information and belief, said affirmation being made subject
The undersigned he uthorities to the penalties pres	s) and the Public Official and Employee Ethics Act, 65 Pa.C.S. VI 109(0).
Signatu	Enter Current Date 7 1 19  ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
THIS	(3 of 4)

	COMMONWEALT		ISYLVA	.NI		6	т л .	TC	45	ΙΤ	<b>0</b> 5	CI.	I A NI			) A I T	- D	EST	- ~		PE	NNS'	YLVAN	IA STA	re eti	HICS O	OMMIS	SIO
	A SEC-1 REV. 01.	118				3	IA	I (C.1)	NEI		LEAS					INI	EKI	<b>=</b> 31	3			(717)	783-1	610 <b>•</b> T0	DLL FF	REE 1-	800-932-	093
01	LASTNAME				· • · · · · · · · · · · · · · · · · · ·								F	IRST	NAMI	E									MI	SUF	FIX	-
	SAL	US				<u></u>							J	A	S	O	N	)						_] [	E	L		
02	А																						-					
.— NO	TE: IF YOU ARE	INCLUDI	NG AT	TACH	MENT	S. DO	NOT	INCL	UDF.	ANY	THING	THAT	BEA	RS YO	OUR S	SOCIA	LSE	CHRIT	"Y NILI	MBER	OR F	ΙΝΔΙ	NCIAL	ACCC	HMT	NUM	REPS	
03		eck applic																-	1 140			1117	TOIAL	7000				-
	r1	ndidate (inc				С.					rrent)					oloyee		ent)	E		Check			Ш	blo	ck th ck if y amer	ou	
	в 🗌 Nor	minee				С	F	ublic	Officia	al (Fo	rmer)	D		Publi	c Emp	oloyee	(Forn	ner)			you a						al filing	<u>,                                     </u>
04	PUBLIC POSI	TION OR P	UBLIC	OFF	ICE (a	dmini	strato	r, mer	nber,	Com	missio	ner, jo	b title	, etc.)		seekir	ng		M	hold	r		held	1	1		<del></del>	
Α	TRE	A S	U	R	E	R									<u></u>		<u> </u>	<u> </u>	L,							<u></u>		
F			<b></b>	T						~		T	,	Т		seekir	ng T	1	$oldsymbol{\square}$	hold	T		held	<b></b>	T	- ₁	<del></del> 1	
В	DIE	EC	T	D	R.								<u> </u>		<u></u>	<u></u>	<u> </u>	<u></u>				<u> </u>	<u> </u>					
05	GOVERNMENT	AL ENTITY	í in whi	ich you	are/we	ere an	Officia	al, Emp	ployee	, Can	didate	or Nor	ninee	(e.g., c	lept, a	gency,	autho	rity, bo	rough	board	, comi	missio	on, cou	nty, sch	nool d	istrict,	twp, etc	- :)
A	NON	T 6	O	М	<u></u>	R.	Y	.,	C.	٥	ပ	'n	7	Y														
в	MON	тС	To									ľ	Γ	Ι	Γ	Τ	T	Τ	T	Τ	<u> </u>	· · ·	T	1		1	П	
			1	<u> </u>		4	<u></u>				<u> </u>	J	L	/EAD			TDUC	TION		<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>	<u></u>		نــــــــــــــــــــــــــــــــــــــ	-
06	OCCUPATION			CO(		-				-					ation	in Blo	cks 8	-15 rej	presei		. [	2	0	ιT	7			
_	100190		<del></del>			<u></u>				<u> </u>	l-+	bio bo		_	sure fo	or the	calend	dar ye	ar liste	ea nere	e: L			• 1				-
08	REAL ESTATE	EINTERES	13 (5	ee ins	ucuo	ns on	page	2) 1	NON	NE, CI	IOCK L	ilis De	ж. <u>С</u>											7	<u>}</u>			
09	CREDITORS (	See instruc	tions (	on nad	e 2) (	Credit	or (Na	me ar	nd Ad	dress	a lf I	NONE	chec	k this	box.							1			<del></del>	4. 6.3	Table 1 del	-
••	Name: SEE			СH								dress:										_	Inte		7		ir-ing.	
						<u> </u>						***					-					_[		z			1 100 5	_
10	DIRECT OR IN	DIRECT SO	URCE	SOFI	NCOM	IE inc	luding	(but n	ot lim	ited to	) all ei	mployr	nent.	(See ii	nstruc	tions o	n pg.	2) ON ch	ILY IF eck th	NONE	, ck. [	]	. დ	FFICIZ	gros E	E ON	EY-jo	
	Name: <b>SE-6</b>	EATT	<u> </u>	<u> H E</u>	ÞØ					_	Ade	dress										-[	つ : ご の	$\sim$	•	i ce si	ΪŢ	
	0,570 (0				15 110	NF .		Alaia ta		_												<u> </u>				44	etina _{del} o?	_
11	GIFTS (See in Source of Gift	structions	on pag	je 2)	IT NO	NE, C	neck	tnist	юх. [	<u> </u>	<b>-</b>	,					<b>,</b>	,	1				Va	ue of G	Sift		,,	
																	<u> </u>								╛.			
	Address of Source	of Gift														Circ	umstan	ices (in	cluding	descri	ption) (	of Gift						
12	TRANSPORTA Source (Name ar		DGING	G, HO	SPITA	LITY	(See	instru	ctions	on p	age 2	) If t	IONE	, chec	k this	s box.	V						Value					-
	Coding (Harris ar	100,000,												1		]						T						
13	OFFICE, DIRE				OYME	NT IN	ANY	BUS	NES	S (Se	e inst	ructio	ns on	page	2) If	NONE	, che	ck thi	s box	. 🗆				on Held		officer,	director.	-
	Business Entity			^{\$\$)} ICH	FΩ						Addi	reca:											ŕ	•				
14	FINANCIAL IN	TEREST I	N ANY			TITY	IN BL	JSINE	SS F	OR P			instr	uction	s on p	page 2	) <b>if</b>	NONE	, che	ck this	s box	. [	Intere	st Held	(i.e., 5	5%. 10	%, etc.)	-
	Name and Addre	ss of Busine:	55																				_					
15	BUSINESS IN	TERESTS	TRAN	SFER	RED T	ГО ІМ	MEDI	ATE F	AMIL	Y MI	MBE	R (Se	e inst	ructio	ns on	page	2) If	NON	E, ch	ck th								-
	Business (Name	and Address	.)																		Intere Relati Date	onship	0					
	Transferee (Na undersigned ho ne penalties pre																	e, info			belie	f; said	d affirm		being	mad	subjec	ī
W III											,				•		. ,			rrent (		4	/20	4/1	8			
	Signat <b>⊤HIS</b> -								7 (	BLO	CK A	BOVE	IS N	ют	COMI	PLET	ED.					vd	UR R	ECOF	RDS.			

Attachment to Statement of Financial Interests for Jason E. Salus 2017

4.C. Hold: Member

#### 5.C. Pennsylvania 529 Tuition Account Program Advisory Board

- 9. 1) Navient, P.O. Box 9533, Wilkes-Barre PA 18773, 6.375%
  - 2) Beneficial Savings Bank, 530 Walnut Street, Philadelphia PA 19106, 4.625%
  - 3) Flagstar Bank, 5151 Corporate Drive, Troy MI 48098, 6.75%
  - 4) MB Financial Bank, 800 West Madison Street, Chicago IL 60607, 3.625%
  - 5) Citicard, P.O. Box 183113, Columbus OH 43218-3113, 13.24%
- 10. 1) Montgomery County, P.O. Box 311, Norristown PA 19404
  - 2) Property Lease 210 Maple Street, Conshohocken PA
  - 3) Property Lease 2001 Hamilton Street, #2117, Philadelphia PA
  - 4) Vanguard Health Case Mutual Fund
  - 5) Cohen Partners LLC, 1601 Walnut Street, Suite 522, Philadelphia PA
- 13. 1) Montgomery County, P.O. Box 311, Norristown PA 19404
  - 2) The Montgomery County Employees' Retirement Board, P.O. Box 311, Norristown PA 19404 Director
  - 3) Pennsylvania 529 Tuition Account Program Advisory Board, 129 Finance Building, Harrisburg PA 17120 Member
  - 4) Montgomery County Industrial Development Authority, 104 W. Main Street, Suite #2, Norristown PA 19401 Director
  - 5) Cohen Partners LLC, 1601 Walnut Street, Suite 522, Philadelphia PA Producer

#### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

1 	LAST NAME					unengen www.		way .	FIRS	NAM	IE ,				· ^**········	~****		MI	SUFFIX
	SANCHE	Z							KA	7 1	? €	N					1	1	
	A										***************************************								Arrent de la constitución de
or	E- IE VOILADE INCLUDING ATTA	P EJBJETKIT	- P.O.	MET IN	AL MESE			(8) 4 3 4 3 7 7											
	E IF YOU ARE INCLUDING ATTA								·				RITY NI	JMBER	OR FIN	ANCIA	LACCO	UNT	NUMBER:
	STATUS Check applicable block  A Candidate (including wr		s, more		ine block lic Offici									200.4			[]		ck this k if you
	B Nominee	ne-m;	c C	~~*	lic Offici lic Offici	,	,	D   D	}			(Current (Former)		if	heck this you are s a solici	filing		are a	amending riginal fili
	PUBLIC POSITION OR PUBLIC O	FFICE (a	administ	trator, m	nember,	Comi	missio	ner, iob			seekir			hold	5 & SUIICI				
(	ONTROL	. 4	7	e		T	T	İ	1				Ī			11010	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	T 1
·				······································	d	.L		1			seekin	LL	L ["	hold		held			
						T		П		1		9	**********	T		Tieiu			
				l,		.1	J	i		_L								*******	<u> </u>
	GOVERNMENTAL ENTITY in which		ere an C	Official. E	mployee		didate :	or Nomir	eo (e.g.	dept, a	igency,	authorily.	borough	, board,	commiss	ion, co	unty, sch	ool dis	trict, lwp. e
/	$\eta \circ N T G \circ \Lambda$	1 6	<i>(</i>	<b>Y</b>	_   C	0	U	N	7   Y	<u> </u>					<u> </u>				
			-																
-	OCCUPATION OR PROFESSION	This may	y be the	same :	as block	(4)			7 YEAF	SE	E INST	RUCTIO	NS.						L
	ATTORNEY					,			Inform	nation	in Bloc	ks 8 -15 alendar	represe		2	0	1	7	
_	REAL ESTATE INTERESTS (See i	actruction	ac on n										,						
	CREDITORS (See instructions on p						) If N	ONE, c	heck thi	s box.		<b>,</b>	<del></del>	•		Inte	rest Ra	) (1) (1)	Market State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  James State  Jame
Ŋ	CREDITORS (See instructions on plane: DIRECT OR INDIRECT SOURCES O	age 2), C	Creditor	(Name	and Add	dress)	) If N	ONE, c							k	: : : : : : : : : : : : : : : : : : : :	n	วั <b>4</b> ค	ONLY)
r.	Jame:	age 2). C	Creditor	(Name	and Add	dress)	) If N	ONE, c						NONE,	k. [] -	: : : : : : : : : : : : : : : : : : : :	n	วั <b>4</b> ค	ONEX)
r.	Name: DIRECT OR INDIRECT SOURCES O	age 2). C	Creditor	(Name	and Add	dress)	) If N Add	ONE, c			tions or				k. [] -	: : : : : : : : : : : : : : : : : : : :	n	วั <b>4</b> ค	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
<u>N</u>	Name: DIRECT OR INDIRECT SOURCES O	age 2), C	Creditor	(Name	and Add	dress)	) If N Add	ONE, c			tions or				k		FFICIAL	USE	10 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg. g 1 mg.
<u>N</u>	DIRECT OR INDIRECT SOURCES On Jame Sec all 4 chc	age 2), C	Creditor	(Name	and Add	dress)	) If N Add	ONE, c			tions or				k. [] -		n	USE	in maga Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Temp
N S	DIRECT OR INDIRECT SOURCES On Jame Sec all 4 chc	age 2), C	Creditor	(Name	and Add	dress)	) If N Add	ONE, c			tions or		check th	is bloc		Va	FFICIAL	USE	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
N Ac	DIRECT OR INDIRECT SOURCES O  Jame Sec a Hacke  GIFTS (See instructions on page 2)  Source of Gift  Iddress of Source of Gift	FINCOM	Dreditor	(Name	and Add	dress)	) If N Add ) all em Add	ONE, c	nt. (See i	nstruct	Circur		check th	is bloc		Va	FFICIAL	USE	in maga Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Temp
N N Ac	DIRECT OR INDIRECT SOURCES Of Lame Sec at 4 c. h.c.  GIFTS (See instructions on page 2) Source of Gift	FINCOM	Dreditor	(Name	and Add	dress)	) If N Add ) all em Add	ONE, c	nt. (See i	nstruct	Circur		check th	is bloc		Va	FFICIAL	USE	in maga Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Temp
N Acc	DIRECT OR INDIRECT SOURCES Of Lame See a Hache Source of Gift  Source of Gift  FRANSPORTATION, LODGING, However, Indiana and Address)	FINCOM  If NON  OSPITAL	NE, che	(Name	and Add	on pa	Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional	ONE, c	NE, chec	nstruct	Circur	nstances (	including	descript		Va	FFICIAL	USE	in maga Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Tempa Temp
Ac S	DIRECT OR INDIRECT SOURCES O  Jame Sec a #4, bc  GIFTS (See instructions on page 2  Source of Gift  GIRLS OF Source of Gift  TRANSPORTATION, LODGING, H	FINCOM  If NON  OSPITAL	NE, che	(Name	and Add	on pa	Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional Additional	ONE, c	NE, chec	nstruct	Circur	nstances (	including	descript		Value	FFICIAL	USE C. off	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Acc S	DIRECT OR INDIRECT SOURCES Of Jame  See a Hache  GIFTS (See instructions on page 2 Source of Gift  Iddress of Source of Gift  FRANSPORTATION, LODGING, H Source (Name and Address)  DIFFICE, DIRECTORSHIP, OR EMP Business Entity (Name and Address)  Jame: See a Hache	FINCOM  I S  OSPITAL  LOYMEN	NE, che	(Name ding (but	and Add	on pa	) If N Add	ONE, c ress:  If NO	NE, chec	nstruct	Circur box.	nstances (	including	descript	ion) of Gif	Value	FFICIAL I	USE C. off	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Acc S	DIRECT OR INDIRECT SOURCES OF A HACKE SOURCE OF A HACKE SOURCE OF GIFTS (See instructions on page 2 Source of Gift States of Source of Gift Source (Name and Address)  DEFICE, DIRECTORSHIP, OR EMP Business Entity (Name and Address)	FINCOM  I S  OSPITAL  LOYMEN	NE, che	(Name ding (but	and Add	on pa	) If N Add	ONE, c ress:  If NO	NE, chec	nstruct	Circur box.	nstances (	including	descript	ion) of Gif	Value Positi	on Held (pyee, etc.	USE	icer, directo
Acc S	DIRECT OR INDIRECT SOURCES OF Lame  See a Hache  GIFTS (See instructions on page 2 Source of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORTATION, LODGING, Hospital Control of Gift  IRANSPORT	FINCOM  FINCOM  FINCOM  OSPITAL  LOYMEN  ACL	NE, che	(Name ding (but	and Add	on pa	) If N Addi	ONE, c	NE, checon page	ck this	Circur box.	check t	including	descript	box. v	Value Positie Interes	on Held (pyee, etc.	USE	المساور الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد الرواد
N Acc	DIRECT OR INDIRECT SOURCES OF A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER A HACKER	FINCOM  FINCOM  FINON  OSPITAL  LOYMEN  GAL ENT	NE, che	(Name ding (but	and Add	on pa	) If N Addi	one, coress:  If Note to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	NE, checon page	nstruct  Lik this  s on p:	Circur box.  NONE,	check ti	including his box	descript  ck this  ck this  n and b	box. value from the telephone with the telephone box. box. the telephone box. box. the telephone box is the telephone box. box. box. box. box. box. box. box.	Value  Positi emple  Intere	on Held (i	40 USE	icer, directo
Acc S S S S S S S S S S S S S S S S S S	DIRECT OR INDIRECT SOURCES OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF A HACK CONTROL OF	FINCOM  FINCOM  FINON  OSPITAL  LOYMEN  GAL ENT	NE, che	(Name ding (but	and Add	on pa	) If N Addi	one, coress:  If Note to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	NE, checon page	nstruct  Lik this  s on p:	Circur box.  NONE,	check ti	including his box NE, che	descript  ck this  ck this  n and b	box. v terest He telationshi alet Trans elief; sais	Value  Positi emple  Intere	on Held (i	40 USE	icer, directo

# Attachment to Statement of Financial Interests of Karen M. Sanchez-2017

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

Name:	Address:
Obermayer Rebmann Maxwell & Hippel LLP	Centre Square West
	1500 Market Street
	Suite 3400
	Philadelphia, PA 19102
Montgomery County	Office of the Controller
	One Montgomery Plaza, 5 th Floor
	P.O. Box 311
	425 Swede Street
	Norristown, PA 19404
Abington Township (spousal income)	1176 Old York Road
	Abington, PA 19001
Benjamin V. Sanchez – Sole Proprietorship	356 Evergreen Road
Law Practice (spousal income)	Jenkintown, PA 19046

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

Name and Address:	Position Held:
Briar Bush Nature Center 1212 Edge Hill Rd. Abington, PA 19001	Member of the Board of Directors

# STATEMEN

PENNSYLVANIA STATE ETHICS COMMISSION 32-0936

IT OF FINANCIAL INTERESTS	(717) 783-1610 • TOLL FREE 1-800-93
PLEASE PRINT NEATLY	

01	
	LAST NAME FIRST NAME MI SUFFIX
	5 A N F T
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) Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are amending
	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A [	BESIDENTIAL ASSESSUR
L	seeking hold held
<u>.</u> [	
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	MONTGOMCRYCOUNTY
r	<u> </u>
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	RUS IDENTIAL ASSOCIATION Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
00	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Interest Rate
09	Name: Address: Interest Rate
10	Address:
	Name: Address: Interest Rate  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:  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:  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:  CO  CO  CO  CO  CO  CO  CO  CO  CO  C
10	Name:  Address:  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:  GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Yalue of Sift
10	Name:  Address:  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:  GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Fig. 1. Interest Rate  (OFFICIAL USE ONLY)  CO  CO  CO  CO  CO  CO  CO  CO  CO  C
10	Name:  Address:  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:  GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Yalue of Sift
10	Name:  Address:  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:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  Address of Source of Gift
10	Name:  Address:  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:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift
10	Address:  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:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  Value
10	Name:  Address:  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2)  Address:  Address:  Address:  GIFTS (See instructions on page 2)  Final Mone of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Interest Rate  Interest Rate  (OFFICIAL USE ONLY)  Check this block.  Address:  CIRCUMSTANCES (including description) of Gift  Value  Value
11 12	Name:  Address:  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:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director, employee, etc.)  Name:  Address:
11 12	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:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director, omployee, etc.)
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:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director. employee, etc.)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
11 12 13 14	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:  Address:  Circumstances (including description) of Gift  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 (i.e., officer, director, ampleyee, etc.)  Position Held (i.e., officer, director, ampleyee, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Name:  Address:  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Interest Rate  Inter
11 12 13	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:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director. employee, etc.)  Name:  Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
11 12 13 14 15	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:  GIFTS (See instructions on page 2) If NONE, check this box.  GIFTS (See instructions on page 2) If NONE, check this box.  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Value  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.e., officer, director, employee, etc.)  Position Hold (I.
10 11 12 13 14	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:  GIFTS (See instructions on page 2) If NONE, check this box.  GIFTS (See instructions on page 2) If NONE, check this box.  GIFTS (See instructions on page 2) If NONE, check this box.  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 (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., 5%, 10%, etc.)  Business Interest IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Business (Name and Address)
10 11 12 13 14	Name  Address:  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:  Address:  Address:  Address:  OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Hed (i.e., officer, director, ampleyae, etc.)  Position Hed (i.e., officer, director, ampleyae, etc.)  Position Hed (i.e., officer, director, ampleyae, etc.)  Business Entity (Name and Address)  Position Hed (i.e., officer, director, ampleyae, etc.)  Business Interest in Any Legal Entity in Business For PROFIT (See instructions on page 2) If NONE, check this box.  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Address)  Business (Name and Add
10 11 12 13 14	Name  Address:  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:  Address:  OFFICE, DIRECTOR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Description of Gift  Value a Control of Gift  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 Hold (i.e., officer, director, employee, etc.)  Position Hold (i.e., officer, director, employee, etc.)  Position Hold (i.e., officer, director, employee, etc.)  Interest Hold (i.e., 5%, 10%, etc.)  BUSINESS INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Districts Interest Hold (i.e., 5%, 10%, etc.)  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Districts Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Address:  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Districts Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Address:  Districts Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10%, etc.)  Position Hold (i.e., 5%, 10

	COMMONWEALTH OF PENNSYLVANI A SEC-1 REV. 01/18	STATEMEN		INANCIA PRINT NEATI		EREST	rs				HCS COMMISSI EE 1-800-932-09
01	LAST NAME			FIRST I	NAME			,		MI	SUFFIX
	SANET			J. 7	VA	RI				G	
_		<u> </u>			15 127	10 1					
	IOTE: IF YOU ARE INCLUDING ATTACHMENT	S, DO NOT INCLUDE AN	IYTHING T	HAT BEARS YO	OUR SOCIA	L SECURIT	Y NUMBER	OR FINAN	ICIAL AC	COUNT	NUMBERS.
03	STATUS Check applicable block or block	s, more than one block m	ay be mark	ed. (See instruc	tions on pa	ge 2)			Г	Che	ck this
	A Candidate (including write-in)	C Public Official (	(Current)	D 🔀 Public	Employee	(Current)		neck this t		bloc	k if you amending
	B Nominee	C Public Official (	(Former)	D D Public	Employee	(Former)		you are fili a solicito			amending riginal filing
04	PUBLIC POSITION OR PUBLIC OFFICE (a	administrator, member, Co	mmissione	r. iob title. etc.)	seekin	a	hold		held		
Δ			TT	10101		9	I I				
^	COMMERCI	146 14		<u> </u>	0 1		<u> </u>				
					seekin	g	hold		held		
В								ļ			
							1		_L		
05	GOVERNMENTAL ENTITY in which you are/w	ere an Official, Employee, C	andidate or	Nominee (e.g., de	ept, agency,	authority, bo	rough, board,	commissio	n, county,	school dis	strict, twp, etc.)
Α	MONTGOME	R 7 C	77	B 0	1 R	0	0 /=	17	50	14	NT
							· · · · · · · · · · · · · · · · · · ·				
В											
06	OCCUPATION OR PROFESSION (This ma	v be the same as block 4	1	07 YEAR	SEE INST	RUCTION	s				
	<i>i</i>	,		Informa	ation in Bloc	ks 8 -15 rep	resents	2	0 /	7	
_	OMMERCIAL/INDUSTA	10 ASSES	50n	disclos	ure for the o	alendar yea	ar listed here:		0 /		
80	REAL ESTATE INTERESTS (See instruction	ns on page 2) If NONE,	check this	s box. 🔀							
						,					
09	CREDITORS (See instructions on page 2). 0	Creditor (Name and Addre	ss) If NO	NE, check this	box.			1			
09	CREDITORS (See instructions on page 2). O	Creditor (Name and Addre			box. 😾				Interest	Rate	
09		Creditor (Name and Addre	Addres		box. 😾				Interest	Rate	
10	Name:		Addres	\$\$;		n pq. 2) <b>ON</b>	LY IF NONE.				E ONLY)
······	Name: DIRECT OR INDIRECT SOURCES OF INCOM	<b>1E</b> including (but not limited	Addres	ss: loyment. (See in	structions or	che	ck this block	c			E ONLY)
······	Name:	<b>1E</b> including (but not limited	Addres	loyment. (See in: $325$ cs:	structions or	che 1/101	eck this block				E ONLY)
······	Name: DIRECT OR INDIRECT SOURCES OF INCOM	<b>1E</b> including (but not limited	Addres	ss: loyment. (See in	structions or	che 1/101	eck this block				E ONLY)
······	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THC SGS OR CO	ME including (but not limited)	Addres	loyment. (See in: $325$ cs:	structions or	che 1/101	eck this block				E ONLY)
10	Name:  DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CA	ME including (but not limited)	Addres	loyment. (See in: $325$ cs:	structions or	che 1/101	eck this block			CIAL USI	E ONLY)
10	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THC SGS OR CO	ME including (but not limited)	Addres	loyment. (See in: $325$ cs:	structions or	che 1/101	eck this block		(OFFIC	CIAL USI	E ONLY)
10	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THC SGS OR CO	ME including (but not limited)	Addres	loyment. (See in: $325$ cs:	Structions or	Che SHCA	eck this block		(OFFIC	r Gift	
11 [	Name:  DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CA  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift	IE including (but not limited)  N. 2.4176  NE, check this box.	Addres d to) all empl	loyment. (See in	Structions or	Che SHC A	eck this block	on) of Gift	Value o	Gift	€23 · · · , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
10	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THC SGS On CG  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift	IE including (but not limited)  N. 2.4176  NE, check this box.	Addres d to) all empl	loyment. (See in	Structions or	Che SHC A	eck this block	on) of Gift	(OFFIC	Gift	€23 · · · , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
11 [	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITA	IE including (but not limited)  N. 2.4176  NE, check this box.	Addres d to) all empl	loyment. (See in	Structions or	Che SHC A	eck this block	on) of Gift	Value o	Gift	€23 · · · , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
11 [	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)	ME including (but not limited)  NE, check this box.	Addres Addres	If NONE, check	Structions or	The A	eck this block	on) of Gift.	Value o	Gift	
11 [	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)	ME including (but not limited)  NE, check this box.	Addres Addres	If NONE, check	Structions or	The A	eck this block	on) of Gift	Value o	Gift Spanner of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	€23 · · · , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
11 [	DIRECT OR INDIRECT SOURCES OF INCOM  Name:	NE, check this box.	Addres Addres Addres Addres See instruc	If NONE, check	Structions or STACE	check this	eck this block	on) of Gift	Value o	Gift Gift Gift Gift Gift Gift Gift Gift	
11 [	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OF OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS OR GAR  FINANCIAL INTEREST IN ANY LEGAL EN	ME including (but not limited  ON 2917 ON  NE, check this box.  LITY (See instructions of  NT IN ANY BUSINESS (	Address Address	If NONE, check	Structions or  S F I  PACE  Circuit  (this box.	The Check this	eck this block PO PY  Substituting descript	on)o(Gri	Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Val	Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift	
11	DIRECT OR INDIRECT SOURCES OF INCOM  Name: HC SGS OR CG  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: HC SGS ORGAN  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business	ME including (but not limited  ON 2917 ON  NE, check this box.  LITY (See instructions or  NT IN ANY BUSINESS (  US 2917 ON  TITY IN BUSINESS FOR	Address Address	If NONE, check	Structions or  S F I  PACE  Circuit  (this box.	The Check this	eck this block PO PY  Substituting descript	on)o(Gri	Value of California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California Ca	Gift  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control	figer director,
11	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OF OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS OR GAR  FINANCIAL INTEREST IN ANY LEGAL EN	ME including (but not limited  ON 2917 ON  NE, check this box.  LITY (See instructions or  NT IN ANY BUSINESS (  US 2917 ON  TITY IN BUSINESS FOR	Address Address	If NONE, check	Structions or  S F I  PACE  Circuit  (this box.	The Check this	eck this block PO PY  Substituting descript	on)o(Gri	Value of California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California Ca	Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift	figer director,
11	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS ORGAN  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  THE SGS ORGAN  BUSINESS INTERESTS TRANSFERRED T	ME including (but not limited  7. W.3. 2.4.1.7.6.W  NE, check this box.   LITY (See instructions of  NT IN ANY BUSINESS (  15.2.4.1.7.6.W  TITY IN BUSINESS FOR	Address  Address  PROFIT (S	If NONE, check	Structions or  SFI  OACC  Circuit  (this box.)  If NONE  DHC.  on page 2)	check this	ck this block  PO PY  Iduding description  be box  check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less, check this less	on) of Gift.	Value of California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California Ca	Gift  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control	figer director,
11	DIRECT OR INDIRECT SOURCES OF INCOM  Name: JHC SGS OR CA  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: JHC SGS OR CA  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  JHC SGS OR CAM  BUSINESS INTERESTS TRANSFERRED T Business (Name and Address)	ME including (but not limited  7. W.3. 2.4.1.7.6.W  NE, check this box.   LITY (See instructions of  NT IN ANY BUSINESS (  15.2.4.1.7.6.W  TITY IN BUSINESS FOR	Address  Address  PROFIT (S	If NONE, check	Structions or  SFI  OACC  Circuit  (this box.)  If NONE  DHC.  on page 2)	check this	ck this block  PO PY  Sudding descript  check this	on) of Gift	Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Val	Gift  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control  Gift  Control	figer director,
10 11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS ORGAN  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  THE SGS ORGAN  BUSINESS INTERESTS TRANSFERRED T Business (Name and Address)  Transferee (Name and Address)  e undersigned hereby affirms that the foregoing	ME including (but not limited  O NO 2917 ON  NE, check this box.  LITY (See instructions of  NT IN ANY BUSINESS (  O IMMEDIATE FAMILY I	Address  PROFIT (S	If NONE, check titons on page 2  See instructions  best of said per	Structions or  SIT  Circuit  A CE  Circuit  A this box.  If NONE  on page 2)  s on page 2	check this  If NONE  If NONE	s box	on) of cart:  box.   terest Held elationship ate Transfeelielief; said	Value of Carred affirmation	Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift	figer, director, w. 10%, etc.)
10 11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS ORGAN  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  THE SGS ORGAN  BUSINESS INTERESTS TRANSFERRED T Business (Name and Address)  Transferee (Name and Address)	ME including (but not limited  O NO 2917 ON  NE, check this box.  LITY (See instructions of  NT IN ANY BUSINESS (  O IMMEDIATE FAMILY I	Address  PROFIT (S	If NONE, check	Structions or  SIT  Circuit  A CE  Circuit  A this box.  If NONE  on page 2)  s on page 2	check this  If NONE  If NONE	s box	on) of cart:  box.   terest Held elationship ate Transfeelielief; said	Value of Carred affirmation	Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift	figer, director, w. 10%, etc.)
10 11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOM  Name: THE SGS OR CO  GIFTS (See instructions on page 2) If NO Source of Gift  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITA Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYME Business Entity (Name and Address)  Name: THE SGS ORGAN  FINANCIAL INTEREST IN ANY LEGAL EN Name and Address of Business  THE SGS ORGAN  BUSINESS INTERESTS TRANSFERRED T Business (Name and Address)  Transferee (Name and Address)  e undersigned hereby affirms that the foregoing	ME including (but not limited  O NO 2917 ON  NE, check this box.  LITY (See instructions of  NT IN ANY BUSINESS (  O IMMEDIATE FAMILY I	Address  PROFIT (S	If NONE, check titons on page 2  See instructions  best of said per	Structions or  SIT  Circuit  A CE  Circuit  A this box.  If NONE  on page 2)  s on page 2	check this  Check this  Check this  Check this  Check this	s box	box. box. terest Held elationship ate Transfeller; said	Value of Carred affirmation	Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift  Gift	figer, director, w. 10%, etc.)

	COMMONWEALTH OF PENNSYLVANI A SEC. 1 REV. D1/18 STATEME										
0	SIATEME	NT OF FIN. PLEASE PRI	ANCIAL	INTER	RESTS	i	PENNSYL (717) 7	VANIA STAT	E ETHICS ( LL FREE 1-	COMMISSIC 600-932-09	36
	LAST NAME SACITOR OLD		FIRST NA			<del></del>		<del></del>			
Q.	ZITTO EN		ALL	RI	SA				AII SUF	FIX	<u> </u>
1											
0;	STATUS Check applicable blanch	ANY THING THAY	BEARS YOU	R SOCIAL S	ECURITY	NUMBER O	R FINAN	CIAL ACCO	אטא דאטנ	ABERS.	
	A Candidate (including write-in) C Public Offici	may be marked. (	(See Instructio	ns on page	2)	[]			Check ti	his	
~ 04	B L Nominee C Public Offici	al (Former) D	Public E	mployee (C mployee (F		lf y	eck this b ou are fill a solicitor	no.	block if are ame an origin	you inding nai filing	
A	A C C T C C (administrator, member,	Commissioner, jol	b title, etc.)	seaking	Ε	hold		heid		<u>_</u>	
	- ISOUICI	TOR	<u> </u>								
B				seeking		hold		held	T		
05	GOVERNMENTAL ENTITY In which you are/were an Official, Employee	, Candidale or Norr	ninee (e.g., dec	L agency, au	dhority borr	with board .		1_1_			
Α	MONTGOMARYY	UUn	74	n 1	5 2	/ (	17	n, county, se	Jool distric	A. Iwp, etc.)	1
В	0416		7						7 -	<u></u> _	
06	OCCUPATION OR PROFESSION (This may be the same as block	<u> </u>	07 YEAR	SEE INSTR	UCTIONS						-
	ASST SOLICITION	·		on in Blocks e for the ca			2	1 0	4		
80	REAL ESTATE INTERESTS (See instructions on page 2) If NO	NE, check this bo	*. 🗗								r Karana Jangan
									2		
09	CREDITORS (See instructions on page 2). Creditor (Name and Ad Name:	ldress) (fNONE, Address:	check this b	юх, <u>Г</u>				Interest.	Rate	i L	
										.O	_
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not lim	ited to) all employe	nent. (See insi	ructions on :		Y IF NONE, ck this bloc	k 🗹	(OFPI	CIAL USÉ	ONLY)	ره است. الا
	Name:	Address:					a	# 1.4 ()		ယ	Sale (
11	GIFTS (See instructions on page 2) If NONE, check this box.	2						i			
ſ	Source of Gift						П	Value o	igh		
	Address of Source of Gift	<u> </u>	<u> </u>	Giroum	stances (mo	luding descrip	tion) of Gi			ئـــــــــــــــــــــــــــــــــــــ	
12	TRANSPORTATION, LODGING, HOSPITALITY (See Instructions	on page 2) If N	IONE, check	this box.				Value			
ſ	Source (Name and Address)							T			
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	(See instruction	ns on page 2)	If NONE,	check this	box.		Position H employee		cer, director	<del></del>
13	Business Entity (Name and Address)										
14	Name.  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FO	Address. DR PROFIT (See	instructions of	on page 2)	If NONE,	check this	box.	Johnnest H	eld (i.e., 5%	i, 10%, etc.)	,
	Name and Address of Business									<del></del>	<del></del>
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMIL Business (Name and Address)	Y MEMBER (Se	e Instructions	on page 2)	If NONE						
	Tourniforce (Name and Address)	earnet to the hea	said pers	on's knowle	ride. Infor	metion and	Relationsh Date Tran Delief; \$8	sferred id affirmatio	on being m	nada subji	eci
ine loth	undersigned a panalises :		ublic Offic	ial and Em	pioyee ⊏tn	IÇS MÜL, DƏ F	وت.ب و نام	r / 2 / 1 r 109(p).			
	Sign This form is considered deficient if any s	(EDICK AROVE	IS NOT CO	MPLETE		er Current C A COPY	414				
	THIS FORM IS CONSIDERED DEFICIENT IF ANY S		.f.41	,							

### **STATEMENT OF FINANCIAL INTERESTS**

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

													P	LEAS	SE PI	RINT	NEAT	ĻY												
01	LAST	NAME															FIRST	NAM	E									MI	SUI	FIX
	5 C	H	A	F	2	L	R	.				İ			1	7	0	ره	۸.	1	1-						$\neg \sqcap$	m		
02					_																					· '			1	
NO	OTE: IF YO	U ARE	INC	LUDII	NG AT	TAC	HMEI	ITS, E	DO N	TOI	INCL	.UDE	ANYT	HING	THA	Γ BEA	ARS Y	OUR :	SOCIA	AL S	ECUR	ITY NU	MBE	R OF	FINA	NCIAL	. ACC	OUN	IT NUM	BERS.
03	STATUS	Che	ck a	pplica	able b	lock	or blo	cks, n	nore	thar	n one	bloc	k may	be ma	arked.	(See	instru	ctions	on pa	ige 2	2)						Г	C	heck ti	nis
	A [	Can	didat	e (inc	luding	writ	e-in)	С	: [	] P	ublic	Offic	ial (Cu	rrent)			Publi	ic Em	oloyee	(Cu	ırrent)	Ε			ck this u are f			bl	ock if e ame	you
	В	Nom	inee					С	: _	] Pi	ublic	Offic	ial (Fo	rmer)	C		Publi	ic Em	oloyee	(Fo	rmer)				solicit					nal filing
04	PUBLIC	POSIT	ION	OR P	UBLI	C OF	FICE	(adm	inistr	ator	, mer	nber	, Comr	nissio	ner, jo	b title	e, etc.)		seeki	ng			hold			held				
Α	A 5	5	E	S	5	0	R								<u></u>			<u> </u>												
																			seeki	ng			hold			held				
В																														
05	COVER	(BACAITA		MTITY	/ in whi	بر طما		· · ·	an 0	fficio	LEnn	n laura	o Can	dialoto	ar Na		10.0										·		<del></del>	
<u>\</u>	7-	TT		Τ.	T	T	Т	T	Т.	IIICIA	II, CHŲ		Τ.	JIUAIE	UI NU	-	(8.9., 1	Јерг, а	igency,	, auu	ionty, t	orougi	i, buan	1, 001	TITIISSI	on, cou	Jrity, Si	criooi	district	twp, etc.)
^ [	mo	v	T	<u>G</u>	<u> </u>	47	5	12				C	0	u						<u> </u>	l		Ш.	J		<u> </u>	<u> </u>			
В																Ī														
06	OCCUP	ATION	OR I	PROF	ESSI	ON (	This n	nav be	the	san	ne as	bloc	k 4)			07	YEAR	SE	E INS	TRU	JCTIO	NS.						<u>.</u>		
	_					(		,					,				Inform	nation	in Blo	cks (	8 -15 r	eprese			2	0	1	7		
		5/3			TO (0								N			J	discio	suie i	or trie	Cale	ricar y	ear list	ea ner	e:	L					
80	REALE	SIAIE	INII	ERES	13 (3	ee ii	istruc	ions c	эп ра	ay <del>e</del> 4	Z) II	INU	NE, CI	IOCK L	nis b	ж. [	<u></u> 1													
09	CREDIT	APC /C																												
		•				. 1	age 2)	. Cred	ditor (	(Nar	me ar	nd Ad	ddress			, che	ck this	s box	. 🔲							Inte	rest R	ate		
	Nama	G m	2				-			(Nar	me ar	nd Ad	ddress		dress:	Z	-			13 (	E Re	liana	e R	901		Inte	0	9,	s	
10	Nama	G M hogen	F.	nan	ove,	/0	اسه	Loc	··			- 44		Add	dress:		rhon	PN				l, aa.			;4		05	90		IĻY)
10	Name:	G M hogen	F.	nan	ove,	/0	اسه	Loc	··			- 44		Add	dress:	nent.	(See i	P/ nstruc	tions o	n pg	j. 2) <b>O</b>		NONE	Ξ,			0 5 0 F 100	196 IAL L	SE OI	JLY)
10	Name:	G M hogen	F.	nan	ove,	/0	اسه	Loc	··			- 44		Add	dress:	nent.	rhon	P/ nstruc	tions o	n pg	j. 2) <b>O</b>	NLY IF	NONE	ck.	G.		0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AL U	ISE OI	ILY)
	Name:  DIRECT	G m hopen OR IND	F.	T SO	URCE	/ 0	FINCE	OME in	nclud	ling (	(but n	ot lim	nited to	Add	mployi	nent.	(See i	PA	tions o	n pg	j. 2) <b>O</b>	NLY IF heck ti	NONE	ck.		(0	0 5 0 F 100	AL U	ISE OI	ILY)
10	Name:	G m hopen OR IND	F.	T SO	URCE	/ 0	FINCE	OME in	nclud	ling (	(but n	ot lim	nited to	Add	mployi	nent.	(See i	PA	tions o	n pg	j. 2) <b>O</b> c	NLY IF heck ti	NONE	ck.	G.	(O	0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IAL U	ISE OI	ILY)
	Name:  DIRECT  Name:	G m hopen OR IND	F.	T SO	URCE	/ 0	FINCE	OME in	nclud	ling (	(but n	ot lim	nited to	Add	mployi	nent.	(See i	PA	tions o	n pg	j. 2) <b>O</b> c	NLY IF heck ti	NONE	ck.		(O	09.00 APR 30	IAL U	ISE OI	ILY)
	Name:  DIRECT  Name:	See ins	F. Z	T SO	URCE	/ 0	FINCE	OME in	nclud	ling (	(but n	ot lim	nited to	Add	mployi	nent.	(See i	PA	tions	on pg	1. 2) O c	NLY IF heck ti	NONE nis blo	ck.		(O	5.50 APR 30 P	IAL U	ISE OI	
	Name:  // DIRECT ( Name:  Source of	OR IND	F. Z	T SO	URCE	s OF	FINCE	OME in	nclud	ock ti	(but n	oot lim	nited to	Add Add	mployi	ment.	(See i	PA	Circu	on pg	ances (i	NLY IF	NONE nis blo	ck.		(O	25 APR 30 B	IAL U	JSEO	
11	Name:  // DIRECT ( Name:  GIFTS ( Source of	See ins Gift	IREC	tions o	URCE	s OF	FINCE	OME in	nclud	ock ti	(but n	oot lim	nited to	Add Add	mployi	ment.	(See i	PA	Circu	on pg	ances (i	NLY IF	NONE nis blo	ck.		(O	25 APR 30 B	IAL U	JSEO	
11	Name:  DIRECT OF SOURCE OF SOURCE OF SOURCE (Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Nam	See ins Gift Source o	F. Z	T SO	DGING	ge 2)	If N	ONE,	y (S	ding (	(but n	oot lim	nited to	Add	dress:	ment.	(See i	PANTE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE	Circu	umsta	ances (i	NLY IF	NONE	ock.		(O	27.00 APR 30 PM 3 2	AL U	USE OF	
11	Name:  // DIRECT ( Name:  GIFTS ( Source of  Address of  TRANSF	See ins Gift Source o	IRECO	T SO	URCE	ge 2)	If N	ONE,	y (S	ding (	(but n	oot lim	nited to	Add	dress:	ment.	(See i	PANTE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE	Circu	umsta	ances (i	NLY IF	NONE	ock.		(O	27.00 APR 30 PM 3 2	Gift.	USE OF	
11 [	Name:  // DIRECT ( Name:  GIFTS ( Source of  Address of  TRANSI Source (N	See ins Gift Source o	IRECO	T SO	URCE	ge 2)	If N	ONE,	y (S	ding (	(but n	oot lim	nited to	Add	mployi dress: ) If I	ment.	(See i	PANTE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE CAR THE	Circu	umsta	ances (i	NLY IF	NONE	ock.		(O	FRICE APRICE DISTRICT CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE	Gift.	USE OF	
11 [	Name:  Name:  OIRECT  Name:  GIFTS ( Source of  Address of  TRANSI Source (N  OFFICE Business  Name:  FINANCE	See ins Gift Source of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service o	truct f Gift TION Add	N, LOI	DO DGING	ge 2)	If N	ONE,	nclud	See i	his b	ot lim	nited to	Addr	mployi dress: ) If I	ment.	(See i	nstruc	Circu b box.	umste	ances (i	NLY IF	NONI nis bic		) of GIR	Value Positi emplo	Illue op	Gift dd (i.e.	SE ON	director,
11	Name:  Name:  Name:  OIRECT  Name:  OIRECT  Name:	See ins Gift Source of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service o	truct f Gift TION Add	N, LOI	DO DGING	ge 2)	If N	ONE,	nclud	See i	his b	ot lim	nited to	Addr	mployi dress: ) If I	ment.	(See i	nstruc	Circu b box.	umste	ances (i	NLY IF	NONI nis bic		) of GIR	Value Positi emplo	Illue op	Gift dd (i.e.	SE ON	director,
11 12 [ 13	Name:  OIRECT OFFICE Business Name:  FINANC Name and	See ins Gift Source of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	FIRECO	T SO  N, LOI ress)  RSHIF e and	DGING  Address  N ANY	ge 2)	IF N	ONE II	y (S	NY I	his b	ction	inited to	Add Add ROFIT	mployi  in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	nent.	(See i	nstruc	Circu	umsta	ances (i	NLY IF heck ti	NONI nis blo	ck.	) of GIR	Value Positi emplo	Illue op	Gift dd (i.e.	SE ON	director,
11	Name:  Name:  OIRECT  Name:  GIFTS ( Source of  Address of  TRANSI Source (N  OFFICE Business  Name:  FINANCE	See ins Gift Source of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	truck f Gift TION Add	T SO  N, LOI ress)  RSHIF e and  ST IN usines	DGING  Address  NANY	ge 2)	IF N	ONE II	y (S	NY I	his b	ction	inited to	Add Add ROFIT	mployi  in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	nent.	(See i	nstruc	Circu	umsta	ances (i	NLY IF heck ti	NONI nis blo	s bo	x. L	Value Positi emplo	Illue op	Gift dd (i.e.	SE ON	director,
11 [ 12 [ 13 14	Name:  OIRECT OFFICE Source of  Address of  TRANSP Source (N  OFFICE Business Name:  F!NANC Name and  BUSINE Business  Transfere	See ins Gift Source of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	IRECO	T SO  N, LOI  RSHIF  e and  STS 1  ddress)	DGING  PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	ge 2)  G, Ho	IF NOOSPIT	ONE,	y (S	BUSEDIA	his b	ction	inited to	Addrage 2)  e instruction Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addrage Addr	mployi  in playing the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	MONE  instruction	(See i	nstruc	Circu NONE	E, ch	g. 2) O c c	NLY IF heck til	NONis blo	is but interest by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	x. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx. Le xx.	Value  Positi emple  d d d derered	CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTRO	Gift Gictor)	SE ON	director,
111 [ [ 12	Name:  Name:  OIRECT  Name:  GIFTS ( Source of  Address of  TRANSI Source (N  OFFICE Business  Name:  FINANC Name and  BUSINE Business	See ins Gift Source of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	IRECO	T SO  N, LOI  RSHIF  e and  STS 1  ddress)	DGING  PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	ge 2)  G, Ho	IF NOOSPIT	ONE,	y (S	BUSEDIA	his b	ction	inited to	Add Add ROFIT	mploying the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	ment.  NONE	(See i	nstruc  ck this  s on p	Circu NONE	umste	ge, infi	NLY IF heck til	descr descr ck thi	s bo	X. Let a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a some a	Value  Positi emple d d d d deferred d affirm 109(b	ion Heliue on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Gift Gictor)	SE ON	director,
111 [ [ 12	Name:  OIRECT  Name:  GIFTS ( Source of  Address of  TRANSF Source (N  OFFICE Business  Name:  FINANC Name and  BUSINE Business  Transfere undersign ne penaltie	See ins Gift Source of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	IRECO	T SO  N, LOI  RSHIF  e and  STS 1  ddress)	DGING  PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	ge 2)  G, Ho	IF NOOSPIT	ONE,	y (S	BUSEDIA	his b	ction	is on process (See	Add Add ROFIT	mploying the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	ment.  NONE	(See i	nstruc  ck this  s on p	Circu NONE	umste	ge, info	NLY IF heck til	descr descr ck thi	is be	x. Parameter Heldingship and Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at Transitionship at T	Value  Positi emplo d oferred d affirm	ion Heliue on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Gift Gictor)	SE ON	director,

COMMONWEALTH OF PENNSYLVANI A SECTION OF THE STATEMENT OF FINAL PLEASE PRINT	
	FIRST NAME MI SUFFIX
SICH UFF	5 Flanna III
02	
NOTE IF YOU ARE INCLUDING ATTACHMENTS DO NOT INCLUDE ANYTHING THAT GET	APS YOUR SO THAT SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER
03 STATUS Check applicable block or blocks, more than one block may be marked. (See	Matrichans on name 2)
A L   Candidate (including write-in) C   D   Public Official (Current) D   B   Nominee   C   D   Public Official (Former) D	Public Employee (Current) E   Check this block if you are filing as a solution are amending as a solution as a original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner job title	etc): seeking hold held
AASPISTANT DISTRT	ICIT MITTERNIGHT
В	t seeking ) i 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 achool district, twp. etc.)
A M O N T G O M E R Y C O U N T	[Y]
DB OCCUPATION OR PROFESSION (This may be the same as block 4) D7 Y	ZEAR SEE INSTRUCTIONS.
anistant astudationed	Information in Blocks 8-15 represents stated here 2 0 1 7
08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box.	
OP CREDITORS (See Instructions on page 2) Creditor (Name and Address) If NONE, check  Name TO PROTECT CALCA  Address	k this box.
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (1	
Nome MONTYMUL CONT MONTER PO	
Duting detaily office manite	
11 GIFTS (See instructions on page 2) If NONE, check this box.	
	Value of Cpt
Address of Source of Giff	Circumstances (including description) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See statuctions on page 2) If NONE, c Source (Name and Address)	theck this box. Value
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on pa Business Entity (Name and Address)	ge 2) If NONE, sheck this box. Position held it is off-gens active employee etc.
Name Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address A	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instruct Name and Address of Business	tions on page 2) If NONE, chack this box. I interest Maid (i.e. 5% acc. the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See VISITUE BUSINESS (Name and Address)	tions on page 2) If NONE, check this box. Interest Held Relationship
Transferse (Name and Address) (18 C) The Undersigned	Date Transferred
	Official and Employee Ethics Act, 65 Pa.C S. \$1109(b).
Sign	1115/
	T COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

O1 LAST NAME  SCHMECK  FIRST NAME  KYLE	MI SUFFIX
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINA	NCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	Check this
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this if you are f as a solicit	block block if you are amending
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold	held
ADIVISION DIRECTOR OF WATE	R
seeking hold	held
B QUALITY MANAGEMENT	
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commissi	on, county, school district, twp, etc.)
MONTGOMERY COUNTY OFFICE	OF
*PUBLIC HEALTH	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
DIRECTOL OF WATER QUALITY MGNT, Information in Blocks 8-15 represents disclosure for the calendar year listed here:	017
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: BANK OF AMERICA.  Address:	Interest Rate
	18%
SOFI	11 70
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.	(OFFICIÁL USE ONLY)
Name MONTGOMERY COUNTY Address 1430 DEKALS ST. NORRISTO	rΝ
FREEZE GOPHER LLC MONROE NJ PA	20
Treete garrier, LL Monisoe, NJ	<u> </u>
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	Value of City
Source of One	varie or Gill.
Address of Source of Gift Circumstances (Including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)	Value 5.3
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)
Name FREEZE GOPHER, LLC Address: MONZOE, NJ	CO-OWNER,
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.  Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)
FREEZE GOPHER, LLC - MONROE, NJ	33333
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)	d d
Transferee (Name and Address)  Relationship Date Trans	ferred
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said to the penalties prescribed by Public Official and Employee Ethics Act, 65 Pa.C.S. §1	
and Shad and any of the South	12010
Signature Enter Current Date	1/2/20
THIS FO NOT COMPLETED. MAKE A COPY FOR YO	URIRECORDS.
(3 of 4)	

### STATEMENT OF FINANCIAL INTERESTS

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

01		
	01 LAST NAME FIRST NAME	MI SUFFIX
	SICINOINCIMOINT I CINCILS	Je Ci I I MI
O	O CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	
~	MOTE I I VOIL ARE INCLUDING ATTACHMENTS DO NOT INCLUDE ANYTHING THAT READS YOUR COCIAL OF	CURITY MUMPER OF CINANCIAL ACCOUNT NUMBER
_	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SE	
03		Check this
	A L. Candidate (including write-in) C L Public Official (Current) D L Public Employee (Cur  B Nominee C Public Official (Former) D Public Employee (For	if you are filing are amending
04		nold held
A	A (3) S (8) S (0) V	
l	seeking	hold held
в		
05 [	OS GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, autho	ority, borough, board, commission, county, school district, twp, etc
A	^ Hoar a lof mssessments	
В	8	
06	06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUC	CTIONS.
	Information in Blocks 8 disclosure for the calen	
08	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
	,	
09	09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
	Marine .	Interest Rate
	Marine .	
10	Name: Address:	
10	Name: Address:	2) ONLY IF NONE, (OFFICIAL USE ONLY)
10	Name: Address:  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)
10	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address:	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg.  Name: Address:	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
11	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg.  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  Circumstar	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address.  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstar	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
11	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg.  Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  Address of Source of Gift  Circumstar  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)  Value of Gift  Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Value of Valu
11	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address.  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Circumstar Circumstar Circumstar Circumstar Circumstar Source (Name and Address)  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)  Value of Gift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of Sift  Value of S
11 [	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  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. Mame: Address:	2) ONLY IF NONE, check this block.  Value of Gift  Value  Value  Value  Position regid (i.e., officer, director employee, etc.)
11 [	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Address:  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. Name: Address:	2) ONLY IF NONE, check this block.  Value of Gift  Value  Value  Value  Position regid (i.e., officer, director employee, etc.)
11 12 [	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address.  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  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. Susiness Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If Name and Address of Business	2) ONLY IF NONE, check this block.  Value of Gift  Value  Value  Value  Position regid (i.e., officer, director employee, etc.)
11 12 13 14	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address:  11 GIFTS (See instructions on page 2) If NONE, check this box. Address:  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 business Entity (Name and Address)  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address)	2) ONLY IF NONE, check this block.  Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value
11 12 13 14	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address.  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  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. Name: Address  Name: Address: Address: Address: Address: Address: Address: Address: Transferee (Name and Address)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)	2) ONLY IF NONE, check this block.  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift
11 12 13 14	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address.  11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift  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 business Entity (Name and Address)  Name: Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If Name and Address of Business (Name and Address)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If Business (Name and Address)  Transfered (Name and Address)  Transfered (Name and Address)	2) ONLY IF NONE, check this block.  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift
11 12 13 14	Name: Address:  10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. Name: Address: Address: Address: Address: Address: Address of Source of Gift  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. Name: Address: Address: Address: Address: Address: Address: Address: Tinany LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If Name and Address of Business (Name and Address)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge to the penalties	2) ONLY IF NONE, check this block.  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift  Value of Gift

# STATEMENT OF FINANCIAL INTERESTS

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

_															- '											
01	LAST NAME												FIR	STN	NAME									М	l SI	JFFIX
	SCHU	J L	В	E	R	l G	E	R			T-		S	U	s	T _Δ	N		Τ.	Т	Т	T		ר ר	ΤĔ	
	0 0 11		<u>'                                    </u>		<u> </u>	77	1.	I	·   _			_	_5		5	A	[ 1/						<u> </u>	╛┖	┛┖	
02																										
N/	OTE: IE VOLLABE INC	- LUDIA	IC AT	TACH	MEN	76 D	0.1107	11101	D.E	4 513/7																
	OTE: IF YOU ARE INC	CODI	NO AI	IACH	MEN	13, DC	UNUI	INCL	.UDE	ANTI	HING	IHAI	BEAK	S YU	IUK S	OCIAL	SEC	URIT	YNU	MBEF	OR	FINAN	IÇIAL	ACCOL	INT NL	MBER:
03	STATUS Check	applica	able bl	ock or	r bloc	cks, mc	ore tha	ın one	block	may	be ma	rked. (	See in	struc	tions (	on pag	ie 2)							r	_	
	I <del></del> 1					С											-			$\overline{}$					Check block i	
		•	auumg	write-	111)	U				al (Cu		В	■ P		,	•		,	Ε			k this b are fili				ending
	B L Nomine	e				C	<u></u> Г	Public	Officia	al (For	rmer)	۵	<u> </u>	ublic	Empl	oyee (	Form	er)				solicito			an orig	inal filli
04	PUBLIC POSITION	OR P	UBLIC	OFF	ICE (	(admin	istrato	г, mer	mber,	Comr	missio	ner, job	title, e	tc.)	s	eeking	<b>a</b>			hold			held			
۱ ۸		T			1	T	T	1	-	1	т	г т			1			_		T -			T			$\overline{}$
^ l	ADMI	N	Ι	S	Т	R	A	T	I	V	E	<u> </u>	A	S	S	I	S	T	A	N	T	' [				
														Γ	□ <u>.</u>	eeking	9		П	hold			held			
۱ ۵		T -		<u> </u>		T	T		1	T	I	<u> </u>	<del></del>							T		一	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
٦			L.,,j	<u></u>	<u> </u>	Ш_								i									<u> </u>			
<u> </u>	00/50/4								_																	
05 [	GOVERNMENTAL	=NIIIIY	III WÜİ	un you	≀are/v	were an	i Uπicia	al, EM	pioyee	, Cano	uidate (	or Nomi	nee (e.	g., de	ept, ag	ency, a	uthori	ity, bo	rough.	board	, con	nmissio	n, cour	ty, scho	ol distric	t, twp, e
Αļ	P   U   B   L	I	C		S	A	F	E	Т	Y						İ	ĺ					1				-
					_																L	ــــــــــــــــــــــــــــــــــــــ	1	<u></u>		
в		1				Ţ													}			T				
		<u></u>	<u> </u>		<u> — </u>	<u></u>	نل		<u> </u>											<u>L</u>	<u> </u>		<u> </u>			i
06	OCCUPATION OR	PROF	ESSIC	)N (Th	nis ma	ay be t	the sar	me as	block	(4)		],	07 <b>YE</b>	AR	SEE	INST	RUC1	TION:	S.							
Δ	dministra	tive	Δ	66	iet	anf	+									Block						2	0	≆ €		2.
$\stackrel{\frown}{=}$	ummoua	LIVE	<i>-</i>	<u> </u>	13t	<u> </u>	L						dis	closu	ure for	the ca	alenda	аг уеа	ar liste	d here	e: [		0	` الح	) / F	ar' Tale
80	REAL ESTATE INT	ERES	<b>TS</b> (Se	ee inst	tructio	ons on	page	2) If	f NON	IE, ch	eck th	is box										O.		AF	**	Ţ,
																					۱	3₩2	Ξ,	ž		
																					. is	3 TO -	77	1_	1448	umpri Li
09	CREDITORS (See	instruct	tions o	n pag	e 2).	Credit	or (Na	me ar	nd Add	dress)	If N	ONE, c	heck	this I	box.						Ĺ,		2	<del></del>		nate.
	Name:				•		,			,		ress:									9	2年	Miten	est <b>O</b> te	2447	ACTUALIS
										_	Huu	000.											=	3.	 	
					—					_			:									<u> </u>	<u> </u>	**		- in 101-101
10	DIRECT OR INDIRE	CT SOI	URCES	3 OF II	NCO	ME incl	luding	(but n	ot limi	ted to)	) all en	ployme	ent. (S	e ins	structio	ons on	pg. 2			NONE		<b>■</b> ∮′	OF	FIEL	USE C	MLY)
																		Crie	CK UI	S DIO	ar. į	■		_		
	Name:										Add	ress:										— f				
										_	_															
11	GIFTS (See instruc	tions o	n nage	e 2)	H NC	ONE c	heck 1	this b	ox li																	
	Source of Gift			,		, -			J [														Valu	ie of Gift		
Γ		T			 	T	T					Т	т_	Т					ı		Γ		T			
Į							L				L]					<u>.</u>	]								. L	
	Address of Source of Gif	t														Circum	stanço	es (inc	luding	descrip	ition)	of Gift				
															Щ,											
12	TRANSPORTATIO		GING	, HOS	SPITA	ALITY	(See i	instru	ctions	on pa	age 2)	If NO	NE, c	heck	this	box.						٧	/alue			
Г	Source (Name and Add	#ess)	Т	— Т					Ι	!				т		1	П						ſ	<del>,                                    </del>		
L		l																			Ì			ĺĺ	_	
13	OFFICE, DIRECTO	RSHIP	OP E	MPI /	)VIAE	ENT IN	I A NV	Bile	NESS	(0	e instr	ıctioac	OP PC	36 3)	DF B1	ONE	chec	k shi-	. ho-		_		Positio	n Held (i.	e., office	r. directo
	Business Entity (Nar				, i 1976	.a : 1N	ANI	ioua	14533	, (See	e mstfl	LUUNS	on pa	ye 2)	II N	JNE,	un <b>e</b> C	K Wis	L DOX.					ree, etc.)	, omce	, un colu
	News																									
	Name:										Addre											ᆜ				
14	FINANCIAL INTER: Name and Address of B			LEGA	IL EN	4TITY	IN BU	SINE	SS FC	)R PR	OFIT	(See ir	nstruct	ions	on pa	ge 2)	If N	ONE,	chec	k this	kod		interes	t Held (i.i	3., 5%, 1	10%, etc.
																						1				
																						i_				
15	BUSINESS INTERE	STS T	RANS	FERF	₹ED T	TO IMI	MEDIA	TE F	AMIL'	Y MEI	MBER	(See	instruc	tions	on pa	age 2)	If N	ONE	, che	ck thi	s bo	x. 🔳				
	Business (Name and A	ddress)																				st Held				
	Transferee (Name and	Address	3)			_	_															ionship Transfei	rred			
	undersigned hereby a	ffirms	that th		going	inforr	mation	is tru				ne best	of said	per	son's	knowle	eage.			and				ation be	ing mad	de subje
	10				~~			197 41				4 4 4														
	ne penalties prescribe	l by 19	Pa C	\$ 84	0047			ificatio	on to a	author	rities \ a	and the			ممامنه	d Em	ploye	e Eth	ics Ac	t, 65 f	Pa.C.	.S. §11	09(b). Г	~ 1	بہی	
		l bu 19	D ₂ C	5 8.4	004/			ificatio	on to s	author	ritioe \ a	and the			ممامنه	d Em	ploye					.\$. §11 <b>  </b>	09(b).   A	21	18	
	ne penalities prescriber Signature . THIS FORI					UBSWO	rn fale						Dublia	Offi				Ent	er Cui	rent C	ate	_//	12	2	18	

·		IANCIAL INTERESTS	PENNSYLVANIA STATE ETHICS COMMISSIC (717) 783-1610 • TOLL FREE 1-800-932-093
01	LAST NAME	FIRST NAME	MI SUFFIX
	DHACKLETT	JAMES	
02			ea Code Phone
NO.	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE AMORTIMO THE		)
03	STATUS Check applicable block or blocks. The status are block as placed in the status.	BEARS YOUR SOCIAL SECURITY NUM	MBER OR FINANCIAL ACCOUNT NUMBERS.
•	The state of blocks, more than one block may be marked.		Check this
	B Nominee C Public Official (Former) D	Public Employee (Former)	Check this block if you are filing as a solicitor block if you are amending an original filing
04 	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	b title, etc.) seeking	nold held
A	BOARD MEMBER		
_		seeking A	noid held
В	PHILAPORT		
05	GOVERNMENTAL ENTITY IS which you continue as Official E		
٨	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nor	ninee (e.g., dept, agency, authority, borough,	board, commission, county, school district, twp, etc.)
<u>.</u>	MONTEOMERY Cautaly N	you Ed. 1 the	alth anskrites
В	DEL VAL Regions	on authori	to
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
_	CEO/Board Member	Information in Blocks 8 -15 represent disclosure for the calendar year listed	s 2 0 / 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box		nere:
		··· [2] }	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,		
	Name: Address:	check this box.	Interest Rate
			70 8
10	DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employments	ent. (See instructions on pg. 2) ONLY IF N	ONE, (OFEICIAL USE ONLY)
	Name: NATIONAL LABEL Co. Address:	as Garkera Re check this	block.
	Mostgomery County Higher Ed auth.	signed the	<i>P#-910</i>
11	GIFTS (See instructions on page 2) If NONE, check this box.		
Γ	Source or Gim		Value of Gift
L	Address of Source of Gift		3 7
·		Circumstances (including d	escription) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If No Source (Name and Address)	ONE, check this box.	Value
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions Business Entity (Name and Address)	s on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
	Name: NATIONAL LABEL C. Address:	Palatte Nigo, DA	aun CED
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	instructions on page 2) If NONE, check	this box. Interest Held (i.e., 5%, 10%, etc.)
	NATIONAL LABEL ON DODE ON	hue Rd Lapayette	Aire of
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See	instructions on page 2) If NONE, chec	k this box. (79. 33.)
<b>44.</b>	Transferee (Name and Address)		Interest Held Relationship
to the	undersigned h	said person's knowledge, information	Date Transferred and belief; said affirmation being made subject
	Signat	ublic Official and Employee Ethics Act,	, eo Pa.C.S. §1109(b).
	THIS	NOT COMPLETED MAKE A CO	
-		NOT COMPLETED. MAKE A CO	PT FOR YOUR RECORDS.

Line 14 Financial Interest Page -2-James H. Shacklett, III

Bel Air Aviation, LLC 100% 956 Charlotte Street
Pottstown, PA

Shacklett Consulting, LLC 50% 2025 Joshua Rod Lafayette Hill, PA 19444

Shacklett Realty, LP 8.575% 2025 Joshua Road Lafayette Hill, PA 19444

Shacklett Realty, LLC 25% 2025 Joshua Road Lafayette Hill, PA 19444

1128 Realty Investments, GP LLC 49.50% 511 Germantown Pike Lafayette Hill, PA 19444

1128 Realty Investments, LP 49.50% 511 Germantown Pike Lafayette Hill, PA 19444

Eagle Machine 50% 2025 Joshua Road Lafayette Hill, PA 19444

Eagle Realty Holdings, LP 24.75% 2025 Joshua Road Lafayette Hill, PA 19444

Eagle Realty Holdings GP, LLC 25% 2025 Joshua Road Lafayette Hill, PA 19444

National Label Company Puerto Rico 18.86% Humacao, PR 00791

2018 JUH -8 PM 1:57

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0938 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX MI FIRST NAME 01 LAST NAME 5 0 H NOTE: 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) Check this block if you C Public Official (Current) D Public Employee (Current) Check this block A Candidate (including write-in) are amending If you are filing an original filing D Public Employee (Former) C Public Official (Former) as a solicitor В Nominee hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking П held hold 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.) 05 07 YEAR SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 06 Information in Blocks 8 -15 represents 2 0 ATTORNEY GENERAL disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. OB CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 0 3T Interest Rate ATTACHMENT Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See Instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block ATTACHMENT Address **∟∕**⊅: GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Giff TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (I.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. amployee, etc.) Business Entity (Name and Address) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) orrect to the best of said person's knowledge, information and belief; said affirmation being made subject The undersigned hereby uthorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescrit Enter Current Date Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. (3 of 4)

### Statement of Financial Interests Attachment 1 for Josh Shapiro

# 04-05 PUBLIC POSITION OR PUBLIC OFFICE / GOVERNMENTAL ENTITY

- A. Attorney General, Office of Attorney General (hold) (Commenced on January 17, 2017)
- B. Chair, Montgomery County Board of Commissioners (held) (Ceased on Friday, Jan 14, 2017)
- C. Commissioner, PA Commission on Crime & Delinquency (hold) (Commenced on January 17, 2017)

STATE LIHICS

438 FEY 1 PM 2 52018 HAY -1 PM 3:

# Statement of Financial Interests Attachment 2 for Josh Shapiro

### 09 CREDITORS

Creditor Description	Interest Rate
Access Group - Student Loan	6.1%
10 North High Street, Suite 400	•
West Chester, PA 19380	
USAA Savings Bank - Credit Card	9,9%
P.O. Box 65020	•
San Antonio, Texas	
Ford Credit	Auto Lease (no interest)
PO Box 542000	
Omaha, NE 68154-8000	
Toyota Financial Services	Auto Lease (no interest)
4 Gatehall Dr #350	
Parsippany, NJ 07054	

STATE STATES LES

### Statement of Financial Interests Attachment 3 for Josh Shapiro

### 10 DIRECT OR INDIRECT SOURCES OF INCOME

Name:

Commonwealth of Pennsylvania

Strawberry Square, 16th Floor, Harrisburg, PA 17120

(Commenced on January 17, 2017)

Name:

Montgomery County

Address:

One Montgomery Plaza, 425 Swede Street, Norristown, PA 19404

(Ceased on January 16, 2017)

Name:

Stradley, Ronon, Stevens & Young LLP

Address:

2005 Market Street, Philadelphia, PA 19103

(Ceased on January 16, 2017)

STATE CHICS

2018 HAY -1 PH 3: 26

### Statement of Financial Interests Attachment 4 for Josh Shapiro

### Statement of Financial Interests Attachment 5 for Josh Shapiro

# 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS INTEREST

Name	Address	Position Held
Stradley, Ronon, Stevens &	2005 Market Street	Employee Attorney
Young, LLP	Philadelphia, PA 19103	(Counsel)
	•	(Ceased on January 16, 2017)

STATE STHICS THE STATE STATE STATES

5/5

### STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

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

01	SHAW		FIRST	e	ء ک	r		-		MI	SUFFIX
NC	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHIN	NG THAT BE	ARS YO	OUR SOCI	AL SECU	RITY NL	MBER OR	FINAN	CIAL AC	COUNT	NUMBERS
03	STATUS Check applicable block or blocks, more than one block may be r  A Candidate (including write-in) C Public Official (Curren  B Nominee C Public Official (Former	marked. (Se	e instruc		eage 2) e (Curren	t) E	Chec	k this b are fili	lock ng	Che bloc are	eck this ck if you amending original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commiss	sioner, job tit	le, etc.)	seek	ing	X	hold		held	·	
A [	PLANNINK SECTI	0 1	2	CH		E F					
в				seek	Ing		hold		held		
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate	te or Nomine	e (e.g., d	ept, agenc	y, authority	, borough	, board, con	nmissior	n, county,	school di	strict, twp, etc.)
^ <u> </u>	40NTGOMERY COU	NT	· Y								
в											
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  OMULY Lichar Chair  REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check		disclos	SEE IN: ation in Blo cure for the		represe	1	2	0 1	7	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name:  A	f NONE, che	eck this	box. 🔀					Interest	Rate	
10	Name: Muntgomery County College	employment Address: 42 340 C				check th	is block.		(OFFI	CIAL US	E ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift								Value	in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	CATTO State
											2 2 17 Harris
	Address of Source of Gift			Circ	umstances	(including	description)	न जाति ८०	-	<u>i</u>	# 4+1 2
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)	2) If NON	E, checl	k this box	. 😡			33	alue I	<b>39</b>	E - Takense See
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See ins Business Entity (Name and Address)  Name: Add	structions or	n page 2	) If NON	E, check	this box	Ø		Position H employee,		fficer, director.
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIName and Address of Business		ructions	on page 2	2) If NO	NE, che	k this box	<u>Z</u>	Interest H	eld (i.e., 5º	%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBE Business (Name and Address)  Transferee (Name and Address)	ER (See ins	struction	s on page	2) If NC	NE, che	Intere Relat	est Held ionship	en el		
	undersigned hereby affirms that the foregoing information is true and correct to	the best of s) and the P					n and belie		affirmatio	n being	made subject
	Signa				•		rrent Date	41	9/17	-	
	-	ABOVE IS	NOT C	OMPLET				YOU	RRECO	ORDS.	

COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/17 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX H E  $\alpha$ 1 ٥ A R ADQ NOTE: 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) ___ Check this block if you D Public Employee (Current) A Candidate (including write-in) C ... Public Official (Current) E Check this block are amending if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) an original filing hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) aseking held seeking 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.) 60 0 0 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR **SEE INSTRUCTIONS** Information in Blocks 8 -15 represents 2 0 STAFF ACCOUNTANT disclosure for the calendar year listed here: 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address 4 MBCER PA Name: PNC BANK 444. 1800 P.O. BOXPASAZ, LINISLN, NE 68501 FIRSTMAKK SERVICES DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL-USE ONLY) check this block. Name: TE MPLE UNIVELSITY Address BROAD ST, PHILA, A 19122 တ 12 1932 WYNNTUIRS, COLUMBU, GA 31999 വ AFRAC GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) OFFICE. DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) SHELOW PROPERTIES, LLC, A TRENT LN, NORRISTUWN, PA 19401 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 🔀 Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) et to the best of said person's knowledge, information and belief; said affirmation being made subject The undersigned here ities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties prescr 4/30/12

Signature

THIS FO

Enter Current Date

K ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME SIPPLE	FIF	N D	RE	A			MI SUF	FFIX
02									
NOT	E IF YOU ARE INCLUDING ATTACHMENTS DO NOT INCLUDE ANYTHIN	IG THAT BEAR	s your sc	CIAL SECU	RITY NUMB	ER OR FINAL	NCIAL ACC	DUNT NUN	MBERS.
03	A Candidate (including write-in)  C Public Official (Currer  B Nominee  C Public Official (Forme	nt) D 💢 F	oublic Emplo	n page 2) byee (Current byee (Former)	•	Check this if you are fi	ling	Check the block if are ameright	you nding
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commiss	sioner, job title,	etc.) 86	eking	X hol	d 🔲	held		
A [	ENVIRONMENTAL	FI	EL	D [	E R	OV I	(E	S	Suf.
в				reking		u			<u> </u>
06	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candida	ite or Nominee (e	e.g., dept, age	ency, authority	borough, bo	ard, commissi	on, county, so	chool district	, twp, etc.)
A 1	NONTGOMERY COL	INT	λ						
В									
	OCCUPATION OR PROFESSION (This may be the same as block 4)  VIT FIELD SERVIUS SUPERIUSSY		formation in	INSTRUCTION Blocks 8 -15 the calendar	represents	ere: 2	1 0	7	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check	k this box.							
	amint comment Coming	if NONE, chec	k this box.				Interest R	ate C/D 7	c _'
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all Name Morting ornery County	Address P	0. Box		check this		(OFFIC	IAL USE O	NLY)
	GIFTS (See instructions on page 2) If NONE, check this box.						. Value of	Giff 5	ATT PARTY
Ì									
A	ddress at Source of Gift			Circumstances	s (including de	scription) of Gif		1	1 m.
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)	2) If NONE,	check this	box.		,	Value ;		.,
						<u> </u>		<b>1</b>	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in Business Entity (Name and Address)	nstructions on p	page 2) If N	IONE, check	this box.	X	Position He employee.	ld (Tigo office	r, director.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ddress					<u> </u>	I-1 / - PA #	D0/ -1- \
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRO Name and Address of Business	FIT (See instru	ections on pa	age 2) If NO	ONE, check	this box.	Interest He	ld (i.e., 5%, 1	0%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMB Business (Name and Address)	BER (See instr	uctions on p	age 2) If N	ONE, check	this box. Interest He Relationsh			
<del></del>	Transferee (Name and Address)	to the best of s	aid namer's	knowledge	information :	Date Trans	ferred	heina ma	de subject
		to the best of s es) and the Pub							C subject
	Signatu	ADOVE 10 **	OT COUP		Enter Curre		TIX	W//C	<u>/</u>
	THIS F	ABOVE IS N	OICOMP	LEIEU. MA	ベヘニ み じじ	FIFURIC	IVIK KEUU	ペレン.	

### STATEMENT OF FINANCIAL INTERESTS

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

									F														
01	LAST	IAME										FIRST	NAMI								,	/II S	UFFIX
•	[5]	Tc	1 1	70	,						1 1	1/ /	16	) ,		١//					٦Г		
	91	13	L [	=   <b>f</b> <	<u> </u>			1				K /	1 //	.		<u> </u>		<u>.l</u>	L				<u></u>
02	ADI					نند				O'L						01-1-	7	0					
_																							
NO	OTE: IF YO	U ARE	INCLUD	ING AT	TACHM	ENTS, E	тои ос	r INCL	UDE ANY	THING	THAT E	BEARS Y	OUR S	SOCIAL	SECU	RITY N	JMBER	OR FI	NAN	ICIAL	ACCO	UNT N	JMBERS.
03	STATUS	Chr	ack annlir	sable bl	lock or h	locks n	nore tha	n one	block may	he ma	arked (9	See instr	ıctions	on nad	e 2)	•							
•	_	7							·		,	_		, -			<b>_</b>	NI I 41			Ш	Check block	
	A L	٦	didate (in	cluaing	write-in	•			Official (Cu		D			oloyee (			if	heck th	e fili	ing			ending ginal filing
	ВЬ		inee			С	+	-ublic (	Official (Fo	rmer)	D	Pub	iic Emp	oloyee (	Former	)	a	is a soli	icito	r		411 011	giriai iniiig
04	PUBLIC	POSIT	ION OR	PUBLIC	OFFIC	E (adm	inistrato	or, men	nber, Com	missio	ner, job	title, etc	) 📙 :	seeking	)		hold	<u></u>		held	·		
Α			-																				
	L I .	L		•	1h			·		-1				seeking	,	П	hold	Γ	1	held			
_ [		<del>,                                    </del>			Π			1 1		T	ТТ		1	T		1	T			1	T		
В										<u> </u>			1				.1						
05	GOVER	MENT	AL ENTIT	Y in whi	ich vou a	re/were	an Offici	ial. Emp	olovee. Can	didate	or Nomi	nee (e.a	dept. a	dency, a	uthority	boroug	h. board	. commi	issio	n. cour	ntv. sch	ool distr	ict, twp, etc.)
ا ،		1		~ \ <i>j</i>		0/	-	0.4	()	1	121	0 4	1 1-	10	1 /		T			T	]	T	
^	( ()	()	M = I	$\perp \lambda$		UF		17/	UK	<u>() [</u>	(9)	C/V	115	K	<u> 7</u> L		_1	<u> </u>		J	<u> </u>	<u></u>	
в				T	ГТ					T	T		T	1	Ť					T			
				<u> </u>	<u></u>			<u></u>		<u> </u>			<u> </u>	<u> </u>						<u> </u>			
06	OCCUP	ATION	OR PRO	FESSI	ON (This	may be	e the sa	me as	block 4)			07 <b>YEA</b>	R SE	E INST	RUCT	ONS.						,	
	Vale	· / (	em	110	$c \cap$	116	Cto	1//						in Block or the c				. 2	2	0	$I \mid \cdot$	7	
									NAME							,							<del></del>
08	REALE	SIAIL	INTERE	<b>SIS</b> (S	ee instru	ictions o	on page	92) <b>IT</b>	NONE, cl	neck ti	nis box	. [											
09	CREDIT	ORS (S	ee instru	ictions d	on page	2). Cred	ditor (Na	ame an	nd Address	s) If N	NONE, d	heck th	is box	. <b>7</b>									
	Name:																			Inter	est Rat	е	
10	DIRECT	OR IND	IRECT S	OURCE	S OF IN	COME	ncluding	(but no	ot limited to	o) all er	mployme	ent. (See	instruc	tions on	pg. 2)	ONLY I	NONE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(OI	FICIA	L USE	ONLY)
																check '	his blo	ck. 🔽	1				
	Name																						
										Add	dress:												
											dress:												
11	<u> </u>		structions	on pag	je 2) II			this b	ox. 🗸														<del>_</del>
11	<u> </u>	See in:	structions	on pag	je 2) If			this b	ох. 🗸					· · · - · - ·						Val	ue of Gi		
11	GIFTS	See in:	structions	on pag	je 2) li			this b	ox. 🗸											Val		1.[	
11	GIFTS	See ins		on pag	ge 2) II			this b	ox. 🗸								ng descri			Val	ue of Gi	1.[	Shu
	GIFTS Source of	See ins Gift Source o	of Gift			F NONE,	, check							Circur	nstances				Gift			].[	Block to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
11	GIFTS Source of Address of	See ins Gift Source o	of Gift	DDGING		F NONE,	, check		ox. V					Circur					Gift	Val	20 0	].[	1 4
	GIFTS Source of Address of	See ins Gift Source o	of Gift	DDGING		F NONE,	, check							Circur	nstances				Gift	Value	20 0	].[	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
12	GIFTS Source of Address of TRANSI Source (N	See ins Gift Source of	of Gift TION, LC	DDGING	G, HOSF	F NONE,	y (See	e instruc	ctions on p	page 2	) If NC	ONE, che	ck this	Circur 5 box.	nstances	i (includii	ng descri		Gift	Value	Z018 HAY - J		## - ## ## - ## # - # - ## # - # - ## # - # - ## # - # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # - ## # -
	GIFTS Source of Address of TRANSI Source (N	See ins Gift Source o	of Gift TION, LC	DDGING	G, HOSE	F NONE,	y (See	e instruc		page 2	) If NC	ONE, che	ck this	Circur 5 box.	nstances	i (includii	ng descri		Gift	Value Positii	Z018 HAY - J	(i.e. offi	cer director.
12	Address of  TRANSI Source (N  OFFICE Business	See ins Gift Source o	TION, LO	DDGING	G, HOSE	F NONE,	y (See	e instruc	ctions on p	page 2	) If NC	ONE, che	ck this	Circur 5 box.	nstances	i (includii	ng descri		Gift	Value Positii	ZU G TAY	(i.e. offi	er director.
12	Address of  TRANSI Source (N  OFFICE Business Name:	Source of PORTA	TION, LC J Address)	IP, OR I	G, HOSF	PITALIT	Y (See	e instruc	ctions on p	page 2 ee inst	) If NC	ONE, che	eck this	Circur s box.	nstances	this bo	ng descri	ption) of	Gift	Value Positii emplo	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er, director.
12	Address of  TRANSI Source (N  OFFICE Busines: Name:	Source of PORTA lame and post post post post post post post post	TION, LC J Address)	IP, OR I	G, HOSF	PITALIT	Y (See	e instruc	ctions on p	page 2 ee inst	) If NC	ONE, che	eck this	Circur s box.	nstances	this bo	ng descri	ption) of	Gift Solver	Value Positii emplo	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er director.
12	Address of  TRANSI Source (N  OFFICE Busines: Name:	Source of PORTA lame and post post post post post post post post	TION, LC d Address)  CTORSH (Name an	IP, OR I	G, HOSF	PITALIT	Y (See	e instruc	ctions on p	page 2 ee inst	) If NC	ONE, che	eck this	Circur s box.	nstances	this bo	ng descri	ption) of	Gift Solver	Value Positii emplo	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er, director.
12	Address of  TRANSI Source (N  OFFICE Busines  Name:  FINANC Name and	See ins Gift Source of	of Gift TION, LC d Address) CTORSH (Name an	IP, OR I	G, HOSP	F NONE, PITALIT YMENT	Y (See	) instruction of BUSI	ctions on p	page 2	) If NC irructions ress: Γ (See i	ONE, che	eck this	Circur s box. NONE,	check	this bo	ox. 🔽	ption) of	Giff	Value Positii emplo	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er, director.
12 13	Address of  TRANSI Source (N  OFFICE Busines  Name:  FINANC Name and	See ins Gift Source of PORTA Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and J	of Gift TION, LC d Address) CTORSH (Name an	IP, OR I d Addres	G, HOSP	F NONE, PITALIT YMENT	Y (See	) instruction of BUSI	ness (So	page 2	) If NC irructions ress: Γ (See i	ONE, che	eck this	Circur s box. NONE,	check	this bo	ox. 🔽	ption) of	Gift V	Value Positii etiiplo	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er, director.
12 13 14	Address of  TRANSI Source (N  OFFICE Business Name:  FINANC Name and  BUSINE Business  Transfere	See ins Gift Source of PORTA lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and l	of Gift TION, LC d Address) CTORSH (Name an	IP, OR I d Addres IN ANY ess TRAN is)	G, HOSE EMPLOY SSS)  ( LEGAL USFERRI	PITALIT  YMENT  L ENTIT	Y (See	BUSI USINE	NESS (So	page 2	) If NO irructions ress: Γ (See i	ONE, che	a 2) If	Circur s box. NONE,	check	this bo	eck this	s box.  is box.  Interest Relation Date Tr	Gift I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I Held I He	Value Positivi	i i i i i i i i i i i i i i i i i i i	(i.e. offi	director.
12 13 14 The	Address of  TRANSI Source (N  OFFICE Business Name:  FINANC Name and  BUSINE Business  Transfere	See ins Gift Source of PORTA Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and J	of Gift TION, LC DI Address) CTORSH (Name an TERESTS and Address and Address and Addresby affirm	IP, OR I d Addres IN ANY ess TRAN is)	G, HOSE EMPLOY SSS)  ( LEGAL USFERRI	PITALIT  YMENT  L ENTIT	Y (See	BUSI USINE	NESS (So	age 2  ee inst  Addi  ROFIT	) If NC irructions ress: Γ (See if	ONE, che	e 2) If	Circurs box.  NONE,  page 2)	check  If NO	this bo	eck this	s box.  is box.  Interest Relator Date Tr. belief;	Gift V	Value Positivitation Intere	i i i i i i i i i i i i i i i i i i i	(i.e. offi	er, director.
12 13 14 The	Address of  TRANSI Source (N  OFFICE Business Name: FINANC Name and  BUSINE Business Transfere e undersign the penaltice	See ins Gift Source of PORTA lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and lame and l	TION, LC  Address  CTORSH (Name an  FERESTS and Address and Address and Address)	IP, OR I d Addres IN ANY ess TRAN is)	G, HOSE EMPLOY SSS)  ( LEGAL USFERRI	PITALIT  YMENT  L ENTIT	Y (See	BUSI USINE	NESS (So	age 2  ee inst  Addi  ROFIT	) If NC irructions ress: Γ (See if	on page	e 2) If	Circurs box.  NONE,  page 2)	check  If NO	this bo	eck this	is box.  Interest Relator Date Tr. belief;	Gift V	Value Positivitation Intere	i i i i i i i i i i i i i i i i i i i	(i.e. offi	director.
12 13 14 The	Address of  TRANSI Source (N  OFFICE Business Name: FINANC Name and  BUSINE Business Transfere e undersignine penaltic	See ins Gift Source of PORTA Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and Jame and J	TION, LC  Address  CTORSH (Name an  FERESTS and Address and Addres by affirm ribe  e	IP, OR I d Addres IN ANY ess TRAN is)	G, HOSE EMPLOY SSS)  ( LEGAL USFERRI	PITALIT  YMENT  L ENTIT	Y (See	BUSI USINE	NESS (So	ee inst Addi ROFII EMBE	) If NC irructions ress: Γ (See i	on page	a 2) If	Circurs box.  NONE, page 2)	check  If NO	this bo	eck this	is box.  is box.  Interest Relation Date Tr. belief; Pa.C.S	Gift United States of the Heldenship ans first ans first said	Value Positivity Intere	i i i i i i i i i i i i i i i i i i i	(i.e., offi	director.

# STATEMENT OF FINANCIAL INTERESTS

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

										F	LEA	SE P	RINT	NEAT	rLY													
01	LAST N	AME												FIRST	NAM	AF.									BAI.	CII	FFIY	-
	$\leq$		20	_		K				T	I		4			<u> </u>	7. 1					1 1	T		MI	30	FFIX	
_		1 .		1.7	5			<u> </u>		<u> </u>				<i>f</i>		<u>ا</u>		.>	ט	ν,		<u> </u>	<u>_</u>		5	<u> </u>		
03	ADDRES	C AE	/Li.			•					<u> </u>																	İ
-																												
Ni	OTE: IF YOU	JARE	INCLUD	ING AT	TACHN	IENTS	DO N	OT IN	ICLUDE	ANYT	THING	THA	T BE.	ARS Y	OUR	so	CIALS	SECUF	N YTIS	1UM	BER	OR FINA	NCIA	ACC	OUN	T NUI	IBERS.	_
03	STATUS	Che	eck appli	cable bl	lock ar l	olocks,	more t	han c	ne block	may	be ma	arked	. (See	instru	ctions	s on	page	2)							٦			٠
	Α□	1	didate (in						olic Offici				· 🗆				r-s- ree (C			£ [	٦ ,	·L 1 . 4 L ! -		L_		eck ti		
	в	Non		o a a a a a			c $\square$		olic Offici					<b>;</b>			ree (C ree (Fr			= _	if	heck this you are f	iling		are	ame	nding nal filing	
			<del></del>											_		рю		Jimei)		. ,		s a solicit	or ———	<u> </u>	an	origi	- Ining	
04	PUBLIC (	JUSII	ION OR	PUBLIC	OFFIC	E (adı	ministra	tor, r	nember,	Comr	nissio	ner, jo	ob titl	e, etc.)		see	king		<u> </u>	K-h	old		held					
Α	MC	+	A	B	٥	A	2 1	>	in	C	1	B	€	R	_					-	İ							
											-				П	see	king			ho	ıld 	П	held		-4		i	
в				T		T	T	1		T	T		T		$\overline{\Box}$	T			1	T	1		Tield	T -	Т	1	T 1	
_ (											<u> </u>	<u> </u>			<u> </u>	_				$\perp$			<u> </u>		<u> </u>			
05	GOVERN	MENTA	L ENTIT	<b>Y</b> in whi	ch you a	re/were	an Off	icial, E	Employee	, Can	didate i	or No	minee	(e.g., c	dept, a	agen	icv. aut	hority.	borou	ah. b	ard	commissi	on coi	intv sc	hool r	listrict	two etc	
A	m/	7	17					T		<u> </u>	-		T-	Ť Š	1	j-		٦.		]			7			T	Tip, e.e.,	,
	1.11		17	.1	<u> </u>	l							<u> </u>		1	⊥							ᆚ			<u></u>		
В		T						Т			Γ		Τ	Τ	İ	Т					Ī			T	Τ	T	7	
								J		<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	L.		<u></u>		<u> </u>		<u></u>		
06	OCCUPA	TION	OR PRO	FESSIC	ON (This	may t	e the s	ame	as block	4)			07	YEAR			NSTR					p.s.						
	Eng		سره و											Inform disclos							here	. 2	0	(	7			
<del></del>				ere (c.	- : - 4-	4:			M N ON				<u>ــــــــــــــــــــــــــــــــــــ</u>			-			- Cui IIC			· <u> </u>						
00	REAL ES	IAIE	MIERE	) <b>(</b> )	ee instru	cuons	on pag	je 2)	IT NUN	ıE, ¢n	eck th	ns bo	YY.	<b>↓</b> J														
09	CREDITO	RS (S	ee instru	ctions o	n page	2). Сге	editor (N	Vame	and Add	dress)	If N	ONE	, che	ck this	box	(\Z	<del></del> 7								_			
	Name:																₹##						Inte	restR _e	te,			
																							( <u></u>	č	= ₩	, 1966 1976	O	
10	DIRECT O	RINDI	RECT SC	URCES	S OF IN	COME	includir	ıg (bu	t not limi	ted to	all em	ployr	nent.	(See in	nstruc	tions	s on po	ı, 2) <b>O</b>	NLY !	F NC	NE.		<u></u> (e)	FFIC	<del>&gt;</del>	4D 33		
																		c	heck t	this	bloci		zoi 🛴		-	(gga)		
	Name: 7	NIN	r C	ngin	eeur	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	m	. •			Addi	ress	7	15	Sk	بهد	pin	h t	PINE	_	##	Aān 20	2.2	C	5	, 1	3	
						J	_						B	lue i	Be	u	Α,	A	19	4.	<u> </u>		S.C.	33	<u> </u>	Times (mark)	Minga Magai	
11	GIFTS (S	ee inst	ructions	on page	e 2) If	NONE	, chec	k this	s box.	<u> </u>							•					<u> इ</u>	3		5	7	-,	
Г	Source of G	ift	· r	T 1	r	· · ·	-	1					,	1 -									√ Va	ue of C	ift		1	
							1																		1	-massag	2	
	Address of Sc	urce of	Gift	-					<u> </u>			•				Ci	rcumsta	ances (i	includir	ıg de	script	ion) of Gift	J					
	TDANOBO		101110										· · · · · · · · · · · · · · · · · · ·				<b>P</b> .							_				
12	TRANSPO Source (Nar	ne and	Address)	DGING	, HUSF	TIALII	IY (Se	e inst	tructions	on pa	ige 2)	It N	IONE	, chec	k this	s bo	x. L	K					Value					
								Ϊ						<u> </u>							ĺ			Τ	7 [			
L											<u> </u>		<u> </u>	<u></u>	L	<u> </u>						<u> </u>		<u>.l</u>	ا. لــ			
13	OFFICE, D Business E			A -1-1																		I	Position emplo	on Held yee, et	l (i.e., a c.)	officer,	director,	
	Name: D	ıve.	in yir	ر ده د	1 10	0					A -J -J		595 R1	<u> </u>	Ruf	900	بهاست	ر م 2ء	KQ.	ر د	4 4_0 >	~~	<i>(</i> )	ein	م ا ما ا	·~ (	156	S
14	FINANCIA	LINT	EREST II	N ANY	LEGAL	ENTI1	VINB	LISIN	IESS EO	- ID DD	VEIT	șs: /See	inetri	uctions	271	L	2) 1	/-+	[ ~/ F	- e	bio l						6, etc.)	
	Name and A	ddress	of Busines	SS	LLONL		, ,,	0011		IX E IX	0111	1066	17150	uctions	onp	aye	2)	NON	E, Crie	SCR I	i enn	.xo. ∐	interes.	ot i leid	(1.6., 5	76, 107	0, 6(0.)	
			11												10							ļ						
15	BUSINES	SINTE	RESTS	TRANS	FERRE	D TO	MMED	IATE	FAMIL	Y MEN	MBER	(Sec	e inst	ruction	s on i	page	e 2)	If NO	IE, ch	eck	this	box.	Ţ. •					
	Business (N																,		,		In	iterest Held						
<del>-</del>	Transfere																				D	elationship ate Transf	erred					
	undersigi e penaltic								true and ation to a	correc	ct to th	e bes	st of s ne Pul	aid per blic Off	rson's ficial	s kno and	owledg Emplo	ge, info yee F	rmati thics #	on a Act. 6	nd be	elief, said a.C.S. §1	affirm	ation t	eing	made	subject	
											,-					-		, <u>_</u>		1		۷.	1/6	1	<i>a</i>			
	8																		nter C				1 4	+-	8			
	7								ANY B	LOCI	KAB	OVE	IS N	OT C	OMP	PLE	TED.	MAK	EA	COF	ΥF	OR YOU	JR RE	COR	ns.			

### STATEMENT OF FINANCIAL INTERESTS

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

A SEC-1 REV. 01/16	OTATEMEN	PLEASE PRINT NEATI	.Y	(717	') 783-1610 • TOLL FREE 1-800-	-932-09
01 LAST NAME  Sm A		FIRST I	NAME		MI SUFFIX	
02						
NOTE: IF YOU ARE INCLUDING ATT	ACHMENTS, DO NOT INCLUDE AN	YTHING THAT BEARS YO	OUR SOCIAL SECURI	TY NUMBER OR FINA	NCIAL ACCOUNT NUMBEI	RS.
03 STATUS Check applicable blo  A Candidate (including v  B Nominee	ck or blocks, more than one block m vrite-in) C Public Official ( C Public Official (	(Current) D 🔀 Public	tions on page 2) :Employee (Current) :Employee (Former)	E Check this if you are fi as a solicit	ling are amendin	ng
04 PUBLIC POSITION OR PUBLIC	OFFICE (administrator, member, Co	ommissioner, job title, etc.)	seeking	hold []	held	
AENVIRO	NMENTA	LHEA	LTH	SPEC	IAII	5 7
			seeking	nold	held	
В						
05 GOVERNMENTAL ENTITY in which	h you are/were an Official, Employee, C	Candidate or Nominee (e.g., d	ept. agency, authonty, b	orough, board, commissi	on, county, school district, twp.	, etc.)
A COUNTY						
В						]
06 OCCUPATION OR PROFESSION	N (This may be the same as block 4)	07 YEAR	SEE INSTRUCTION	NS.		
Enun Health Sp	ecialist		ation in Blocks 8 -15 re ure for the calendar ye		0 / '	
08 REAL ESTATE INTERESTS (See	e instructions on page 2) If NONE,	check this box.	,			
09 CREDITORS (See instructions or Name.	n page 2). Creditor (Name and Addre	ess) If NONE, check this Address	box.		interest Rate	_
DIRECT OR INDIRECT SOURCES	OF INCOME including (but not limited	Address P.D. P	cl	neck this block.	(OFFICIAL USE ONLY)	)
11 GIFTS (See instructions on page Source of Gift	2) If NONE, check this box.	<del>-/</del>	•	····	Value of Gift	
Address of Source of Gift			Circumstances (ii	ncluding description) of Gift		
-	HOSPITALITY (See instructions or	n page 2) If NONE, chec	k this box.		Value:	
Source (Name and Address)						
13 OFFICE, DIRECTORSHIP, OR Ell Business Entity (Name and Address	WPLOYMENT IN ANY BUSINESS (	(See instructions on page 2	) If NONE, check th	is box.	Position Head e officer dire	ector ;
Name	<u>,                                 </u>	Address			CO	
14 FINANCIAL INTEREST IN ANY L Name and Address of Business	EGAL ENTITY IN BUSINESS FOR	PROFIT (See instructions	on page 2) If NON	E, check this box. 🕢	Interest Held (i.e., 5%, 10%, e	etc.)
15 BUSINESS INTERESTS TRANS	FERRED TO IMMEDIATE FAMILY I	MEMBER (See instruction	s on page 2) If NON	IE, check this box.		<del></del>
Transferee (Name and Address)				Relationshi Date Trans	P	
The undersigned hereby affirms that the to the penalties presi	foregoing information is true and co			<del></del>	d affirmation being made su	ıbject
Signatur THIS FORM IS C <b>Ø</b> NSI	DERED DEFICIENT IF ANY BLO	OCK ABOVE IS NOT C		nter Current Date	1/24/18 UR RECORDS.	

# Statement of Financial Interests

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

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

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE ETHICS COMMISSION'S ELIBRARY AT HTTP://www.ethicsrulings.state.pa.us. You may also supply your e-mail address below for an official copy to be sent via e-mail.

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

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

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

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

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

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

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

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

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

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

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

Please check belo	w if you have read and understand	d the above terms.*
▼ Yes I have read a	and understand the above the terms.	
Are you amending	a prior filing?*	
No		
01 Name		
First Name * (?)	Christopher	
Last Name * (?)	Smith	
Middle Initial	J	
Suffix		
02 Address		



State / Province / Region Pennsylvania Country

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

Status * (?)

Public Employee (Current)

State or

County/Local

County/Local * (?)

County*(?)

Montgomery County

County/Local Entity * **Not Listed**

(?)

Other County/Local Montgomery County

Entity*(?)

Position * (?)

Dir. Assets & Infrastructure

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

Selecting "Yes" will allow for additions below.

#### 06 Occupation or Profession

Current Occupation Dir. Assets & Infrastructure or Profession*(?)

07 Year

Year * (?)

2017

The calendar year for which this form is being filed.

### 08 Real Estate Interests

Do you have reportable real estate interests?* No

09 Creditors

Do you have reportable creditors?*(?)

Yes

#### Creditors

Name * (?)

American Express

Address (?)

P.O.Box 981535

City*

El Paso

State *

Texas

Zip Code

79998-1535

Interest Rate *

14.24

Exclude the "%" syntxi

Name * (?)

Citi Bank

Address (?)

P.O. BOX 9001037

City*

Louisville

State *

Kentucky

Zip Code

40290-1037

Interest Rate *

22.24

Exclude the "%" synbol

Name * (?)

Capital One

Address (?)

PO Box 71083

City*

Charlotte

State *

North Carolina

Zip Code

28272-1083

Interest Rate *

23,49

Exclude the "%" symbol

Name * (?)

Navient

Address (?)

P.O. Box 9533

City*

Wilkes-Barre

State *

Pennsylvania

Zip Code

18773-9533

Interest Rate *

5.626

Exclude the "%" syntxol

#### 10 Direct or Indirect Sources of Income

Do you have any reportable direct or indirect sources of income?*(4)

Yes

#### Source of Income

Name * (?)

Montgomery County

Address*(?)

Street Address
PO Box 311
Address Line 2

Oty

State / Province / Region

Norristown

PA

Postat / Zip Code

Country

19404

#### 11 Gifts

Have you received any reportable gifts?*(?)

No

Gifts Disclaimer*

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

**₩** | Accept

### 12 Transportation, Lodging, Hospitality

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

No

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

☑ I Accept

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

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

No

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

Do you have a reportable financial interest in any legal entity in business for profit? *(?) No

### 15 Business Interests Transferred to Immediate Family Member

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

No

Additional comments or explanations about any of the above sections:

Confirmation *

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

☑ 1 Confirm

Signature * (?)

Date

Christopher J Smith

2018-05-01

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

7.6

### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938

	PLEASE PRINT	TNEATLY			(, , ,	, , , , , , , , , , , , , , , , , , , ,	EL FREE 1-800-932-08
01	LAST NAME	FIRST NAME					AI SUFFIX
	S M I T H	S H E	L L E	Y			8
NO	IOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BE	EARS YOUR S	OCIAL SECURIT	Y NUMBE	R OR FINAL	NCIAL ACCO	UNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (Se	e instructions	on page 2)			ra	Check this
	A Candidate (including write-in) C Public Official (Current) D X  B Nominee C Public Official (Former) D	<b>~</b> ^	loyee (Current) loyee (Former)		Check this if you are fil as a solicito	ing	block if you are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job til	tle, etc.)	seeking	hold	******	held	
A	C O U N T Y S O L I C I T O R	2					
			seeking	hold		held	manner makeuman ender vir vir vil
В							
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomine	ee (e.g., dept, aç	gency, authority, bo	rough, boar	d, commissio	on, county, sch	pol district, twp, etc.)
A	MONTGOMERY COUNT	r Y	P A				
,					· d· · · · · · · · · · · · · · · · · ·	1	
B			<u> </u>		<u> </u>		
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  Attorney	Information i	E INSTRUCTIONS in Blocks 8 -15 rep or the calendar yea	resents	re: 2	0   1	7
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name  Address	eck this box.				Interest Rat	tord story
10	see attached  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment	l /Con instruct	ione on no 2\ ONI	VIE NOM		A VOEFICIA	I III
10	DIVECTION INDIVIDED I GOOTIOES OF INCOME INCIDENT (STATE OF INCIDENT)	i. (See matruci		ck this bio			USE ONLY).
	Archer & Greiner, P.C. Address Archer & Greiner, P.C.	ch Street S	Ste. 3500, Ph	ila PA	19103		7
11	GIFTS (See instructions on page 2) If NONE, check this box.	on otroot, t	Jtc. 0000, 1 1				<u>d</u>
Γ	Source of Gift					Value of Gi	<del>1</del>
ĺ,.	Address of Source of Gift		Circumstances (inc	ludino descr	intion) of Gift		J.L
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NON Source (Name and Address)	IE, Check this	DOX.	ı	ſ <u>.</u>	Value	1
i.						İ	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of Business Entity (Name and Address)	npage 2) If N	NONE, check this	box.		Position Held ( employee etc	i.e., officer, director )
	Name see attached Address:						
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See ins Name and Address of Business	structions on pa	age 2) If NONE,	check thi	s box. 🔀	Interest Held (	i.e., 5%, 10%. etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See in Business (Name and Address)	structions on p	page 2) If NONE	check th	Interest Held	i	
The	Transferee (Name and Address) e undersigned (	said person's	knowledge infor	mation and	Relationship Date Transf Loelief said	erred	eing made subject
	he penalties pi		and Employee Eth				~/
	Sign. THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS	HOT COMP		er Current		<del>                                   </del>	<u>C</u>

### PENNSYLVANIA STATE ETHICS COMMISSION FINANCIAL DISCLOSURE FORM SHELLEY R. SMITH

#### **ATTACHMENT**

#### 9. CREDITORS

Name and Address	Interest Rate
Wells Fargo Bank	12.65%
Wells Fargo Dealer Services	5%
American Express	15.74%

### 13. OFFICE, DIRECTORSHIP, or EMPLOYMENT IN ANY BUSINESS

<u>Name</u> <u>Address</u>

Support Center for Child Advocates 1617 J.F.K. Blvd., Philadelphia, PA

Pennsylvanians for Modern Courts 2 Penn Center, Ste. 1140, Philadelphia, PA

BY: DATE:

4/17/18

### **STATEMENT OF FINANCIAL INTERESTS**

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

PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX MI 3 Phone NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A L Candidate (including write-in) C Public Official (Current) D Public Employee (Current) block if you Check this block if you are filing are amending C Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking held hold В 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.) В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 SEE INSTRUCTIONS Information in Blocks 8 -15 represents Assessor disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name: Address: 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 . ... TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value (د) Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director employee, etc.) Business Entity (Name and Address) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business 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 ne best of said person's knowledge, information and belief; said affirmation being made subject The undersigned here to the penalties preso and the Public Official and Employee Ethics Act. 65 Pa.C.S. §1109(b) Enter Current Date Signatur OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS F

#### STATEMENT OF FINANCIAL INTERESTS

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

PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME М SUFFIX N NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block If you D Public Employee (Current) A Candidate (including write-in) C ___ Public Official (Current) E Check this block if you are filing are amending B Nominee C ___ Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking held ONME + seeking held hold ₿ 05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, two, etc.) Ľ SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 0 Health Specialist disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. MAYIN If NONE, check this box. GIFTS (See instructions on page 2) Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 Source (Name and Address) Position Held (i.e., officer, director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. amployee, etc.) Address: 10%/etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Heid Business (Name and Address) Relationship Date Transferred Transferee (Nat to the best of said person's knowledge, information and belief; said affirmation being made subject The undersigned he ies) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties pre-Enter Current Date Signati ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS

### **STATEMENT OF FINANCIAL INTERESTS**

PLEASE PRINT NEATLY

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

	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
Ų I	
	SMYTH WILLIAM J
02	AD TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP
NC	DITE: 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)
	D D D D D D D D D D D D D D D D D D D
	A Candidate (including write-in) C Public Official (Current) D V Public Employee (Current) E Check this block are amending if you are filling
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
. [	
^ [	COUNTY ASSESSOR
	seeking hold held
۱ ۵	
8	
	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.)
05 [	GOTENIA IN THIS IN THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPO
Α	montgomery County Board of
ſ	
В	ASSESS MENT
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	Assetsor  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
_	COLUMN AND AND AND AND AND AND AND AND AND AN
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	check this block.
	Name: Address:
	20
4.4	GIFTS (See instructions on page 2) If NONE, check this box.
11	Source of Gift  Value pt Gift
1	
	Address of Source of Gift  Circumstances (including description) of Gift
	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
12	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
,,,	Business (Name and Address) Interest Held
	Relationship
	Transferee (Name and Address)  Date Transferred
	Transferee (Name and Address)  Date Transferred  e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject
	Transferee (Name and Address)  Date Transferred
	Transferee (Name and Address)  Date Transferred  e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the penalties pre-  authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Transferee (Name and Address)  Date Transferred  e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0836

	FEEAGE FF	MAI MEATET			
01 LAST NAME		FIRST NAME			Mł SUFFIX
SNOW		FRA	NK		TTR
02 ADDRESS office (business or governmental) or home	City	La Taranta La Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteri	State	Zip Code	
			- Jiake	zip code	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE	ANYTHING THAT	FBEARS YOUR S	OCIAL SECURITY	NUMBER OR FINA	NGIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block	k may be marked.	(See instructions	on page 2)		Check this
A Candidate (including write-in) C Public Office	ial (Current) D	X Public Emp	lovee (Current)	E   Check this	block if you
B Nominee C Public Office		r **:	loyee (Former)	if you are fi	ling are amending
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member,				hold []	
ARULETETUIT	ر المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية الما المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية الماري		O A +		held
CHILE LA TOME LOL	ا تا ایا ا	I K	[B [P ]]_]	0 10	10 4 1 1 6
			seeking	hold	held
B	<u> </u>	l	<u> </u>		
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employer	e. Candidate or Nor	ninee (e.a. dent ac	sency authority homo	oh board commissis	on county school district by the
AMPATIONEDUIN	12 11 1	+ U	,,	g., soarv, correctionic	an, source, surrout district, twp, etc.)
4 7 10 10 10 10 10 10 10 10 10 10 10 10 10	V V ()	<b>□</b>	<u> </u>	i L . l	<u></u>
В		[		T	
06 OCCUPATION OR PROFESSION (This may be the same as block	k 4)	07 YEAR SEE	INSTRUCTIONS		<u> </u>
CHIEF JUVENILE ARMATION OFFICE	_	Information i	n Blocks 8 -15 repre		0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NOI	<del></del>		r the calendar year li	isted here: 2	<u> </u>
	<u>.</u>		1.7	······························	
09 CREDITORS (See instructions on page 2). Creditor (Name and Ad	idress) If NONE.	check this box.	X	1	
Name.	Address	<u> </u>			Interest Rate
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not lim	ited to) all employn	nent. (See instructi			(OFPICIAL USE ONLY)
Name: MONTHOMERY BUNTY	A didana a	5312 6	PART INL	this block	9
		DRRISTOW		1403	
11 GIFTS (See instructions on page 2) If NONE, check this box.		VICETAVO	ו ניבון טי	- Cot-	10 = -11
Source of Gift	A			به به در ها در دها	Value of Git
		[	-	1	字   <b>F</b>   T
Address of Source of Gift	<u> </u>		Circumstances (include	ing description) of Cit	
	····		Circumstances (include	оовы рвогі) от Сіп	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions Source (Name and Address)	son page 2) If N	ONE, check this	box. 🔀	1	Value
				[ T	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	* (Saa instruction			<u> </u>	Davis 1146
Business Entity (Name and Address)	o (See Instruction	sonpage2) ITN	IONE, check this be	ox. [∑?]	Position Held (i.e., officer, director, employee, etc.)
Name:	Address	<u> </u>	<del></del>	<u>-</u>	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FO Name and Address of Business	OR PROFIT (See	instructions on pa	ige 2) If NONE, cf	eck this box.	Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMIL	Y MEMBER (Sec	instructions on o	age 2) If NONE ~	heck this how Mi	<u> </u>
Business (Name and Address)			-50 -/ 11 HOME, C	Interest Held	
Transferee (Name and Address)				Relationship Date Transfe	rred
The undersigned hereby affirms that the foregoing information is true and to the penalties pr		of said person's Public Official as	knowledge, informat nd Employee Ethics	ion and belief, said Act, 65 Pa.C.S. §11	affirmation being made subject 09(b).
Signa				и	lalie
THIS		S NOT COMP	Enter ( ETED. MAKE A	CORY FOR YOU	11117
		TO THE !	MANGA	CUPT FOR YOU	IK KECORDS,

# STATEMENT OF FINANCIAL INTERESTS

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

TOOT HAN	MI SUFFIX
LAST NAME FIRST NAM	( A   2   1
SOLOMON	
	Clote Zip Code Area Code Phone
ITE: 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 instruction	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
A Candidate (including write-iii)	mployee (Current)  E L.: Check this block are amending if you are filing an original filing an original filing
B Nominee C Public Official (Former) D Public En	
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	seeking A hold held
PROGRAM SPECIALIST	
1 E O MENT TO THE	seeking hold held
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept	t, agency, authority, borough, board, commission, county, school district, twp, etc.)
MONTGOMERY COUNTY	
	SEE INSTRUCTIONS.
Information	ion in Blocks 8 -15 represents 2 0 1 +
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	
CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this b	nterest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest interest inte
Name: Address:	- S E M
(Capital	tructions on pg. 2) ONLY IF NONE, TOFFICIAL USE ONLY
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See inst	check this block.
Name Montgomery County Address P.O. Box	311, Norrishoun, PA, 19 MAR
Name: 1-10/1/	939 3
GIFTS (See instructions on page 2) If NONE, check this box.	70 9
Source of Gift	Value of Gift
Add to a figure of Gift	Circumstances (including description) of Gift
Address of Source of Gift	Value Value
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check	tinis pox.
Source (Name and Address)	
3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2; Business Entity (Name and Address)  Address:	) If NONE, check this box. Position field in c. officer, director employee etc.)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:	) If NONE, check this box. Position field inc. officer, director employee etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business	Position Held in e. officer, director employee etc.)  From page 2) If NONE, check this box.
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business	Position Held in e. officer, director employee etc.)  From page 2) If NONE, check this box.
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction Business (Name and Address)	Position Held in e. officer, director employee etc.)  From page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Relationship Casts Transferred
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction Business (Name and Address)  Transferce (Name and Address)	Position Held in c. officer, director employee etc.)  From page 2) If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction Business (Name and Address)  Transferred (Name and Address)  Transferred (Name and Address)  The undersigned base of firms that the foregoing information is true and correct to the best of said peaned the Public Office and the Public Office and the Public Office (Name and Address)	Position Held in c. officer, director employee etc.)  From page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)  Interest Held (i.e., 5%, 10%, etc.)
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction Business (Name and Address)  Transferred (Name and Address)  The undersigned is the efficient that the forepoing information is true and correct to the best of said per and the Public Office that the forepoing information is true and correct to the best of said per and the Public Office that the forepoing information is true and correct to the best of said per and the Public Office that the forepoing information is true and correct to the best of said per and the Public Office that the Public Office Instructions is true and correct to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the penalties to the pena	Position Held in e. officer, director employee etc.)  From page 2) If NONE, check this box.  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)  Name  Address:  4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions Name and Address of Business  5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction Business (Name and Address)  Transferred (Name and Address)  The undersigned bases of firms that the foregoing information is true and correct to the best of said per of the penalties pand of the Public Office that the foregoing information is true and correct to the best of said per of the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the foregoing information is true and correct to the penalties pand the Public Office that the penalties pand the Public	Position Held II e. officer, director employee etc)  From page 2) If NONE, check this box.  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)  Interest Held (i.e. 5%, 10%, etc.)

Transferee (

The undersigned

to the penalties p

Date Transferred

person's knowledge, information and belief; said affirmation being made subject

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

Enter Current Date

### **Statement of Financial Interests**

### Lee A. Soltysiak

#### For 2017

#### Continued

#### Creditors

•	Amex (Business)	11.5%
	<ul> <li>PO Box 360001, Ft. Lauderdale, FL</li> </ul>	
•	PNC Bank (Business)	8.24%
	<ul> <li>PO Box 856177 Louisville, KY</li> </ul>	
•	Members First Credit Union (Auto Lease)	
	<ul> <li>PO Box 2104 Mechanicsburg, PA 17055</li> </ul>	
•	TruMark Financial (Auto Loan)	2.9%
	<ul> <li>515 Old York Road, Jenkintown, PA</li> </ul>	
•	M&T Bank (Camper)	4.7%
	<ul> <li>Philadelphia, PA</li> </ul>	

#### Direct or indirect sources of income

- The Soltysiak Agency
  - o 7900 Old York Road, Elkins Park, PA

2/2

# STATEMENT OF FINANCIAL INTERESTS

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

FIRST NAME MI SUFFIX
50RETH GABRIELLA T
State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing if you are filing are administration.
B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filling
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
AASSISTANT DISTRICT ATTORNEY
seeking hold held
В
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.)
A M O N T G O M E R Y C O U N T Y
В
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
ASSISTANT DISTRICT ATTORNEY  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
• • • • • • • • • • • • • • • • • • •
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
Name:  Address:  Address:
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
Name: Montgomery County, Address: 2 E Any street, Norristour,
District Attorney / PA 19404, P.O. Box 311, 4# Floor
11 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift
Source of Gift
Circumstances (including description) of Gift
Address of Source of Silt
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)
Name Address:  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Integral Held (i.e., 5%, 10%, etc.)
Name and Address of Business
TO MAKE DIATE CAMILY MEMBER (See instructions on page 2) If NONE, check this box.
BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address)
Date Transferred
Transferee (Name and Address)  The undersigned hereby offices that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties presc. Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
Enter Current Date 4/3/18
Signatur  THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
(3 of 4)

1) BARBRI, INC

12222 MERIT DRIVE SUITE 1340 DALLAS, TX 75251 STUDENT REPRESENTATIVE

2) VILLANOVA UNIVERSITY 800 LANCASTER AVE, VILLANOVA, PA 19085 WORK STUDY

3) VILLANOVA UNIVERSITY, SCHOOL OF LAW

299 N SPRING-MILL RD, VILLANOVA, PA 19085 TEACHERS ASSISTANT

2018 APR 30 M1 10: 03

# STATEMENT OF FINANCIAL INTERESTS

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

1 LAST NAME FIRST NAME	MI SUFFIX						
50 KG State Zip Code A	rea Code Phone						
City 2 State 2 poods A							
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEAKS TOOK SOCIAL SECOND.							
STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this b if you are filling as a solicitor as a solicitor as a solicitor control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	ng an original filing						
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, Job Ind., etc.)	held						
BMAYOR	a possible district two sto						
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the comm	n, county, scribor district, way, etc.)						
BAMBLER BOROUGH							
06 OCCUPATION OR PROFESSION (This may be the same as block 4)  O7 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2	017						
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.							
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.  Name Address.	Interest Rate 5						
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)						
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift	Value of Gfft						
Circumstances (including description) of Gif	n ro						
Address of Source of Gift  12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	Value						
12 TRANSPORTATION, LODGING, HOSPITALITY (See Institutions of page 2) Source (Name and Address)							
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	Position Held (i.e. officer, director, employee, etc.)						
Business Epitty (Name and Address)  Name:  Address:  Address:	100 EN 409 Pto						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business  TOUT TOUT TOUT TOUT TOUT TOUT TOUT TOU							
BUSINESS INTERESTS TRANSFERED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Interest F Relations	hip						
Transferee (Name and Address)  The under  Date Transferee (Name and Address)  person's knowledge, information and belief; so Official and Employee Ethics Act, 65 Pa.C.S.	aid affirmation being made subject						
official and Employee Etnics Act, 65 Pa.C.S.  to the pen	0 · · · · · · (147):						
Enter Current Date	1/9/18						

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME MI SUFFIX
NO	ITE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03		(See instructions on page 2)  Public Employee (Current)  Public Employee (Former)  Check this block if you are filling as a solicitor  Check this block if you are amending an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	ob title, etc.) seeking A hold held
A [	AISTRICT ATTORN	$ \boldsymbol{\varepsilon} \gamma$
в		
	CONFIDENCE TALL ENTITY is which you groupe on Official Employee Condidate or Ne	minee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
05 A	MONTCOME V COUN	7 4
в		
L	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
	Peo SECUTOR	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	ox. 🔀
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name: SEE ADDERADM Address:	i, check this box. [ Interest Rate
10	Name: Address:	ment. (See instructions on pg. 2) ONLY IF NONE, check this block. (OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box.	
[	Source of Gift  SEE ADDENDUM	ValueODSift
	Address of Source of Gift	Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	
	SEE ADDENDUM	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
14	Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Soft Name and Address of Business)	e instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	ee instructions on page 2) If NONE, check this box. X Interest Held Relationship
The	Transferee (Name and Address) undersigned her	Date Transferred  Bit of said person's knowledge, information and belief; said affirmation being made subject
	he penalties prese	e Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).  Enter Current Date 43. 18
	Signatur  THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOV	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#### **ADDENDUM**

### Statement of Financial Interests Kevin R. Steele 2017

9. <u>Creditor</u>	Interest Rate
American Express	16.24%
Pacific Life	4.25%
PSECU	2.9%

### 10. SOURCES OF INCOME

Source Income	<u>Address</u>
County of Montgomery	Norristown, PA
Cabrini College/University	Radnor, PA

### 11. GIFTS

Source	Address	<u> Value</u>				
PA DA Assn.	Harrisburg, PA	Unknown				
*PSU Alumni A	(See Attached)					
*PSU Board of	Trustees State College, PA	(See Attached)				
Circumstances						

*Travel, Lodging and PSU Football Tickets: Tickets were for me and my immediate family for games and events in conjunction with my role and duties as the President/Past-President of the Penn State Alumni Association and Board of Trustees. President/Past-President of the PSU Alumni Association and my Board role on Trustees are volunteer positions NOT associated with my public position.

### 12. TRANSPORTATION, HOSPITALITY, LODGING

Source	Address	<u> </u>
PA DA Assn.	Harrisburg, PA	Unknown
*PSU Alumni As	ssn. State College, PA	(See Attached)
*PSU Board of	Trustees State College, P	'A (See Attached)
* President/Pas	t-President of the PSU Al	lumni Association and my
Board role with	Trustees are volunteer p	oositions NOT associated
with my public	position.	



Board of Trustees The Pennsylvania State University 205 Old Main University Park, PA 16802 814-865-2521 Fax: 814-863-4631

April 3, 2018

To whom it may concern:

For the January-December 2017 tax year, please be advised that The Pennsylvania State University has assumed the costs of lodging and hospitality for Kevin R. Steele, Esquire, in connection with Board of Trustees meeting and event attendance as reflected in the table below.

DATE	EVENT	LOCATION	DESCRIPTION	.	AMOUNT
5/4/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Lodging Provided (1 night)	\$	155.00
5/4/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Lunch Provided	\$	22.50
5/4/2017	PSU Board of Trustees Event	Penn State Conference Center Hotel University Park, PA	Reception	\$	64.95
5/5/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Lunch Provided	\$	18.82
7/20/2017	PSU Board of Trustees Meeting	Penn State Harrisburg Middletown, PA	Breakfast and Lunch and Break Service Provided	\$	56.50
7/20/2017	PSU Board of Trustees Event	Hilton Harrisburg Harrisburg, PA	Reception and Dinner	\$	90.44
7/21/2017	PSU Board of Trustees Meeting	Penn State Harrisburg Middletown, PA	Breakfast and Lunch and Break Service Provided	\$	57.00
9/14-17/2017	PSU Board of Trustees Meetings/Events	Penn State Conference Center Hotel University Park, PA	Lodging Provided (3 nights)	\$	860.42
9/14/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Lunch Provided	\$	18.82
9/15/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Breakfast and Lunch Provided	\$	40.36
11/9-12/2017	PSU Board of Trustees Meetings/Events	Penn State Conference Center Hotel University Park, PA	Lodging Provided (3 nights)	\$	1,034.02
11/9/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Lunch Provided	\$	18.82
11/10/2017	PSU Board of Trustees Meeting	Penn State Conference Center Hotel University Park, PA	Breakfast and Lunch Provided	\$	40.95
11/10/2017	PSU Board of Trustees Event	Penn State Conference Center Hotel University Park, PA	Reception	\$	78.00
			TOTAL:	\$	2,2556.60

Sincerely,

April M. Wyatt

Administrative Support Coordinator Office of the Board of Trustees

# **Kevin Steele Expense Report January-December 2017**

## K. Steele charges which posted to the Alumni Association budget in 2017 but were incurred in 2016

Po	sted Date	Detail Description	Amount
1	/3/2017	BIG10GAME/IN/HOTELEXP/DEC1-4	\$699.68
1	/6/2017	ROSEBOWL/HBURGMARRIOTT/DEC29	\$166.45
1/	11/2017	STEELE-IOWA FBALL GAME HOTEL	\$930.94
1/	11/2017	HOTEL ROOM ALUMNI FELLOWS	\$128.03
1/	19/2017	STEELE/MICH ST. GAME HOTEL	\$735.64
2/	14/2017	STEELE-HOTEL ROOM WINTER COMMENCEMENT	\$324.42

\$2,985.16

### K. Steele charges which were incurred and posted to the Alumni Association budget in 2017

Detail Description	Amount
Philadelphia Chapter Mixer	\$17.00
Men's Basketball Ticket-Palesta	\$30.00
Email Access Account-January	\$8.00
South Africa tour	\$7,395.00
City Lights Event at Kimmel Center	\$67.00
Executive Board Dinner	\$67.00
Executive Board Breakfast, Breaks, & Lunch	\$62.00
Email Access Account-January & February	\$16.00
Refund Duplicate Charge for January's Email Access Account	-\$8.00
Hotel Room/Executive Board Meeting in Abington	\$108.90
Hotel Room/Nittany Lion Inn/AAA Ceremony	\$215.32
Alumni Council Break	\$15.25
Alumni Council Dinner	\$27.85
Alumni Council Breakfast	\$32.50
Alumni Council Lunch	\$34.25
Alumni Council Break	\$15.25
Alumni Council Reception	\$14.25
Alumni Council Dinner	\$41.00
Photo Montage	\$667.61
Email Access Account-March	\$8.00
Email Access Account-March & April	\$16.00
Registration fees-Kevin-Coaches Caravan-Philadelphia & Pittsburgh	\$95.00
Refund Duplicate Charge for March's Email Access Account	-\$8.00
	Philadelphia Chapter Mixer Men's Basketball Ticket-Palesta Email Access Account-January South Africa tour City Lights Event at Kimmel Center Executive Board Dinner Executive Board Breakfast, Breaks, & Lunch Email Access Account-January & February Refund Duplicate Charge for January's Email Access Account Hotel Room/Executive Board Meeting in Abington Hotel Room/Nittany Lion Inn/AAA Ceremony Alumni Council Break Alumni Council Break Alumni Council Breakfast Alumni Council Lunch Alumni Council Break Alumni Council Reception Alumni Council Dinner Photo Montage Email Access Account-March Email Access Account-March Email Access Account-March & April Registration fees-Kevin-Coaches Caravan-Philadelphia & Pittsburgh Refund Duplicate Charge for March's Email Access

# **Kevin Steele Expense Report January-December 2017**

6/5/2017	Hotel Room/Nittany Lion Inn/Graduate School Alumni Reunion	\$128.03
Posted Date	Detail Description	Amount
6/14/2017	Hotel Room/Nittany Lion Inn/Alumni Council	\$1,297.68
6/14/2017	Email Access Account-May	\$8.00
7/7/2017	Email Access Account-June	\$8.00
9/2/2017	Roars Suite Ticket-Akron	\$69.00
9/7/2017	Executive Board Dinner	\$75.52
9/8/2017	Executive Board Breakfast	\$26.08
9/8/2017	Executive Board Lunch	\$35.40
9/8/2017	Prospective Donor Dinner (av. cost per person)	\$58.31
9/15/2017	Past Presidents Dinner	\$61.77
9/15/2017	Elms Etching Gift for Past Presidents	\$72.00
10/7/2017	Northwestern Pep Rally	\$25.00
10/19/2017	Alumni Council Breakfast & Snacks	\$51.00
10/19/2017	Alumni Council Lunch Buffet	\$20.59
10/19/2017	Alumni Council Dinner	\$33.69
10/19/2017	Alumni Council Dessert Reception	\$19.74
10/20/2017	Alumni Council Breakfast	\$26.26
10/20/2017	Alumni Council Lunch	\$36.88
10/20/2017	Alumni Council Breaks	\$23.48
10/20/2017	Volunteer Awards Dinner Reception	\$17.50
10/20/2017	Volunteer Awards Dinner	\$61.01
10/21/2017	Roars Suite Ticket-Michigan	\$69.00
11/18/2017	Roars Suite Ticket-Nebraska	\$69.00

## 13. OFFICE, DIRECTORSHIP, EMPLOYMENT IN ANY BUSINESS

. .

Entity	Position Held
Penn Wynne/Overbrook Hills Fire Department	Vice-President
Penn State-Dickinson Alumni Society	Board of Directors
Penn State Alumni Association	Pres./Past-Pres.
Mission Kids	Board of Directors
MCAP—Montgomery County Child Advocacy Project	Board of Directors
Penn State University	Board of Trustees

### STATEMENT OF FINANCIAL INTERESTS

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

		_							P	LEAS	E PRIN	T NEAT	LY									
01	LAST N	AME										FIRST	NAME						-	МІ	SUF	FIX
ļ	St	e	i n								1 [	JC	S	h	u a	,				$\prod_{M}$	] [	
02 _	400000				Overnme		<del></del>				_1 <u>i</u> _	2 1 0	1 5	1 11 1	4   6	4				1 11	<u> </u>	<u></u>
02	AUTIRES	N OTHER	INITEINA	** **	Norma	otal) o	r homa			7.40					<u> </u>		7:-	01-	1			
NOT	TE: IF YOU	J ARE IN	CLUDIN	KG ATT/	CHMEN	TS, DC	NOT IN	NCLUDE	E ANYT	'HING '	THAT B	EARS Y	OUR S	OCIAL SE	ECURIT	ry Nui	MBER	OR FIN	ANCIAL	ACCOU	אטא דא	BERS.
03	STATUS	Check	applica	able blo	k or bloc	ks, mo	re than	one bloc	k may	be mai	rked. (S	ee instru	ctions	on page 2	)						heck ti	ils
	А <u> </u>	Candid Nomine	ate (inc	luding v	rite-in)	c c		blic Offic blic Offic			о <b>ў</b> ] а	<u>`</u>	•	loyee (Cui loyee (For	,	E	if	heck thi you are s a solic	filing	b a	lock if : re ame	you
04	PUBLIC	POSITIO	N OR P	UBLIC	OFFICE (	admini	strator,	membe	r, Comr	nission	er, job t	itle, etc.	s	eeking		X	hold		held			
A [	F i	r s	t		As	s		s t	а	n	4	s		ī	Τ_	<u> </u>	4		.	T	T	T
L	<u> </u>	1   3		11_	713	3		3   ι	a	<u>  n  </u>	<u> </u>		11		C	D.	<u> </u>	<u>                                     </u>	<u> </u>	<u> </u>		
в	Sc	h c	0		В	0	а	r d		D	i	r e	C	eeking † O	lr	X	noia		held		<u> </u>	
	COVERN	MENTAL	ENTER				Official		0	4:4-1-												
05	GOVERN	MENIAL	ENIIII	in which	i you are/v	vere an	Official,	Employe	e, Can	didate d	x ivomin	ee (e.g.,	dept,ag	ency, auth	ionty, bo	orough,	board	, commis	sion, cou	nty, school	district,	twp, etc.)
Α [V	VI O	n t	g_	0 1	n∣e	r	У	<u> </u>	; <u> </u>	<u>  u  </u>	<u>n   1</u>	<u>L</u> y	<u></u>			J	<u> </u>			<u> </u>		
В	\ b	i In	ı∐g	t	o n		s	c h	ı o	o		D	] i	s t	lr	li	c	t				
06	OCCUPA	TION OF	RPROF	ESSIO	l (This m	ay be t	he same	as blo	ck 4)		0	7 YEAF	SEE	E INSTRU	CTION	S.		······································				
	∧ ttorn													n Blocks 8				. 2	0	1 7	7	
08	Attorn REAL ES		TEDES	TS /Sa	inetructi	000 00	nage 2	lf NC	NE ct	sack th	in box							· (	LL		1	-
00	REAL EC	IIA IE IN	IERES	19 (36)	; 11180,000	OIIS OII	paye 2	, II NC	NAE' CI	IBCK LII	iis dox.	ΥX								~ 3		
					<del></del>									40000						23	L 15	- Albania
09	CREDITO	DRS (See	instruc	tions or	page 2).	Credit	or (Nam	e and A	ddress			heck thi	s box.	X					Inte	rest Rate		**************************************
	Name:									Add	ress:									=ಶ 	١	er menge Historia Historia
10	DIRECT C	R INDIR	ECT SO	URCES	OF INCO	ME inc	luding (t	out not li	mited to	) all em	ploymer	nt. (See	instructi	ions on pg	. 2) ON	ILY IF	NONE	ck. []	(¢	FFICIAL	USE OI	ILY)
	Name: (	Coun	itv o	f Mo	ontgo	me	rv			∆.d.d	42	25 S	wed	de Sti					·		•••	1 24.5 ₄
	ivaille.		, .				• ,			Add				vn, P					T I		-  	J d
11	GIFTS (S	See instri	ictions (	n nage	2) If N(	ONE c	heck th	is hor	[			IOLLI	SWV	VII, F	<u> </u>	94L	ادر		7.1	$-\frac{\omega}{\omega}$	e _{F.}	univ."
	Source of (			,,, pago					<b>X</b>							na.			Va	lue of Gift		
					ļ																	
-	Address of S	ource of G	ift	·									1	Circumsta	ances (in	.u Icluding	descrip	otion) of G	ift		•	
12	TRANSP Source (Na			DGING,	HOSPIT	ALITY	(See in	struction	ns on p	age 2)	If NO	NE, che	ck this	box. X	]				Value			
[			1	T	1	T	[ ]		T	T				T		****						
12	OFFICE	DIRECT			- L	L L	L A 523 -			L	<u> </u>		1	1000			F::1	L	Doeit	on Held (i.e	· L	director
13	Business					ENIIN	ANTE	USINE	<b>3</b> (36	e instr	uctions	on page	2) II r	NONE, ch	eck in	IS DOX	· +X)			oyee, etc.)	o., Omou	, director,
	Name:	A) INTE	DEST I	IANVI	EGAL F	NTITY	IN BUS	INFee	EUB B	Addre		etri sotio	10.00.0	age 2) K	f NONE	ch-	nk shi	hey ^r	Inter	est Held (i.e	5% 11	)% etc.\
14	Name and				.EGAL E	1911 T	DU3	INE 33	ORP	NOFII	(See In	isu ucuoi	is on pa	ayez) N	NONE	., cnec	UK (AIS	box. [		ractional (I.C	, <i>G</i> /0, 10	
	S & S	Fan	nily	Part	ners	hip.	230	) S.	Bro	ad	Stre	et. 2	nd	floor					36	%		
15	BUSINES Business (i				ERRED	то'ім	MEDIA"	TE FAM	ILY ME	MBER	(See i	nstructio	ns on p	oage 2)	If NON	E, che	ck thi		lotel			
	Transferee																	Interest F Relations Date Train	hip			
	undersigne	d hereby	affirms		foregoin	g infor	mationui	s true a	nd corre	ect to ti								belief; s	aid affirm		ng mad	e subject
to the	e penalties	prescrib	E								tne	-upiic (	лиска в	and Emplo	yee Et	nics A	LI, 05				_	
		gnature _										•			-	ter Cu				/201		
	TI	HIS FOR	21	V							E 15	TOM	COMP	LETED.	MAK	EAC	OPY	FOR Y	OUR R	ECORD	S.	

(717) 783-1610 • TOLL FREE 1-800-932-0936

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV, 01/18 PLEASE PRINT NEATLY SUFFIX 01 LAST NAME FIRST NAME EM /= NOTE: 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) Check this block If you D Public Employee (Current) C Public Official (Current) Candidate (including write-in) Check this block are amending if you are filing as a solicitor C Public Official (Former) Nominee D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 🔛 seeking hold held seeking hold held 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.) 05O AF ß OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 0 DEP. DIRECTOR disclosure for the calendar year listed here: LAW ENFORCEMENT DIV. REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address

																							- ····	<u> </u>			SE STREET	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited							ited to	o) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block										(P)	CIAL €	SE ON	LY)						
	Name													A <u>d</u>	dress			· · · ·				·* * · · · · · · · · · · · · · · · · ·		25.5	ران ال		A Marie Control	
11		S (S		structi	ions d	on pag	e 2)	If NO	ONE, o	check	this t	юх.	X									•	e. Tu	<u> </u>	Values	f Gift	i i	
																							ji *	مُن	11/2	2 .		
	Addres	is of S	ource	of Gift															Cira	mstand	es (inclu	ding descr	iption) of	Gift				
12				TION		OGING	, но	SPITA	ALITY	(See	instru	ctions	on p	age 2	) <b>If</b>	NONE	, che	ck thic	box.	又				Vá	alue			
ſ	Julio	T			/	T			T	T	T	T	Τ	Τ	Τ	Т	T	T	T	T					T			

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

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

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box Interest Held Business (Name and Address)

Relationship Date Transferred

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

Signatu

Enter Current Date

PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX **FIRST NAME** MI 01 LAST NAME E d 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E ___ Check this block D M Public Employee (Current) C Public Official (Current) Candidate (including write-in) if you are filing are amending D Public Employee (Former) an original filing C Public Official (Former) as a solicitor B Nominee held hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking ☐ held seeking hold 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.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS Information in Blocks 8 -15 represents paic Plunner disclosure for the calendar year listed here: TERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address: Name: DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) 10 Value of Gift GIFTS (See instructions on page 2) If NONE, check this box. 151 Source of Gift Circumstances (including description) of Gifti Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Position Held (i.e., officer, director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee, etc.) Business Entity (Name and Address) Address: Interest Held (i.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Interest Held Business (Name and Address) Relationship Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject pployee Ethics Act, 65 Pa.C.S. \$1109(b) to the penalties prescribed by Enter Current Date Signature . D. MAKE A COPY FOR YOUR RECORDS THIS FORM IS

PLEASE	PRINT NEATLY	
LAST NAME	FIRST NAME	MI SUFFIX
SZEKELY	GEORGE	
	Carr	Sin Code Phone
OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH		ER OR FINANCIAL ACCOUNT NUMBERS.
STATUS Check applicable block or blocks, more than one block may be mark	ed. (See instructions on page 2)	Check this block if you
A Candidate (including write-in) C Public Official (Current)	D Public Employee (Current) E L	if you are filing
B Nominee C Public Official (Former)	D Public Employee (Former)	as a solicitor an original min
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	r, job title, etc.) 🛭 seeking ho	ld held
STATE REPRESEN	TATIVE	
	seeking ho	ld 🛭 held 🚊 💢
MAYOROFLANSDI	ALE	i ja ja
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or	Nominee (e.g., dept, agency, authority, borough, bo	
GENERAL 455EMB	4   1	Section 1
BOROUGH OF LANS	SDALE	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
CHIROPRACTOR	Information in Blocks 8 -15 represents disclosure for the calendar year listed h	nere: 2 0 1 7
REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this		
Olice in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the c	NE, check this box.	Interest Rate 4.79
Name: COVENANT BANK Addre GREAT LAKES P.S	SS: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Royment, (See instructions on pg. 2) ONLY IF NO	53707 4. 53
Name: CCVENANT BANK Addres GREAT LAKES P. S  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp	SS: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Represent. (See instructions on pg. 2) ONLY IF NO check this I	53707 4.5
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres	ss: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Noyment. (See instructions on pg. 2) ONLY IF NO check this I	53707 4, 5.  Since, (Official use only)  Side Ace.
Name: CCVENANT BANK Address GREAT LAKES P.S  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Address BOROUGH OF CANSDACE 1	ss: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Noyment. (See instructions on pg. 2) ONLY IF NO check this I	53707 4.5.  SDACE. (OFFICIAL USE ONLY)
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  BEROUGH OF CAMSDACE  J  GIFTS (See instructions on page 2) If NONE, check this box.	SS: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON, WI  Novement. (See instructions on pg. 2) ONLY IF NO check this I  SS: FOY S. BROAD ST., LAN  VINE ST. LANSDA	53707 4.5.  SDACE. (OFFICIAL USE ONLY)
Name: CCVENANT BANK Address GREAT LAKES P.S  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Address BOROUGH OF CANSDACE 1	ss: 60 N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Noyment. (See instructions on pg. 2) ONLY IF NO check this I	53707 4. 5.  SINE, (OFFICIAL USE ONLY)  DISTANCE.  SEE
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  BEROUGH OF CAMSDACE  J  GIFTS (See instructions on page 2) If NONE, check this box.	ss: 60 N MAIN ST. DDYLE  O. BOX 1860, MADISON WI  loyment. (See instructions on pg. 2) ONLY IF NO check this I  ss: 7045. BROAD ST, LAN  VINE ST. LANSDA  Circumstance Mincluding de	53707 4.5° NE, OFFICIAL USE ONLY) DIS DACE. Value of Gift
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  BORDWGHOF LAMSDACE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	SS: 60 N MAIN ST. DDYLE  O. BOX 1860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: 704 S. BROAD ST., LAN  VINE ST. LAWSDA  Circumstance in (including de	53707 4.5°  SINE, OFFICIAL USE ONLY)  DISTANCE.  Value of Gift  Springton) of Gift
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres.  BORDWG HOF CAMEDACE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Address of Source of Gift	SS: 60 N MAIN ST. DOYLE  D. Box 7860, MADISON, WI  loyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: 704 S. BLOAD ST., LA  VINE ST. LAWODA  Circumstance (moulting de	53707 4.5°  NE, OFFICIAL USE ONLY)  DS DACE.  Value of Gift  Springton) of Gift
Name: CCVENANT BANK GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SEKELY CHIROCTR. Addres.  BORDWGH OF LAMSDACE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	SS: 60 N MAIN ST. DDYLE  O. BOX 1860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: 704 S. BROAD ST., LAN  VINE ST. LAWSDA  Circumstance in (including de	STOTA  STOCK  STOTA  Value of Gift  Sorigion) of Gift  Value  Value
Name: CCVENANT BANK GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SEKELY CHIROCTR. Addres.  BORDWGH OF LAMSDACE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	SS: 60 N MAIN ST. DOYLE  O. Box 1860, MADISON WI  loyment, (See instructions on pg. 2) ONLY IF NO check this I  SS: 704 S. BLOAD ST., LAN  VINE ST. LANDA  Circumstances (the biding de	Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR Addres  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Business Entity (Name and Address)	SS: 60 N MAIN ST. DOYLE  O. Box 7860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: 704 S. BLOAD ST., LA  VINE ST. LA WODA  Circumstance (moluting de	Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Nama: ANDREW SZEKELY CHIROCTR Addres  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR Address	SS: 60 N MAIN ST. DOYLE  D. Box 7860, MADISON, WI  loyment. (See instructions on pg. 2) ONLY IF NO check this is  SS: 704 S. BLOAD ST., LAN  Circumstance (mobiling de  If NONE, check this box.  Citons on page 2) If NONE, check this box.	STOTAL  STOCK  STOT  Value of Gift  Value  Value  Position Held (i.e., officer, directed employee, etc.)  SDALE  PRESIDENT
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR. Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business	SS: GO N MAIN ST. DOYLE  O. BOX 1860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: FOY S. BROAD ST., LAN  Circumstance (including de  If NONE, check this box.  Citions on page 2) If NONE, check this box.  (See instructions on page 2) If NONE, check	Value of Gift  Value  Position Held (i.e., officer, directe employee, etc.)  PRESIDENT  This box. Interest Held (i.e., 5%, 10%, etc.)
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  BORDWGHOF AMS DAGE  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR. Addres  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business  ANDREW SZEKELY CHIROCTR. 704	SS: GO N MAIN ST. DDYLE  O. BOX 7860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: FOY S. BROAD ST., LAW  VINE ST. LAWSDA  Circumstance (including de  If NONE, check this box.  S: FOY S. BROAD ST., LAW  (See instructions on page 2) If NONE, check  S. BROAD ST., LAWSD	Value of Gift  Value  Position Held (i.e., officer, director employee, etc.)  PRESIDENT  This box. Interest Held (i.e., 5%, 10%, etc.)  A-CE  A-CE  VAIVE OFFICIAL USE ONLY)  Value  OFFICIAL USE ONLY)  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Valu
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR. Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business	SS: GO N MAIN ST. DDYLE  O. BOX 7860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: FOY S. BROAD ST., LAW  VINE ST. LAWSDA  Circumstance (including de  If NONE, check this box.  S: FOY S. BROAD ST., LAW  (See instructions on page 2) If NONE, check  S. BROAD ST., LAWSD	Value of Gift  Value of Gift  Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Interest Heid (i.e., officer, directore ployee, etc.)  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Interest Heid (i.e., officer, directore ployee, etc.)  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  V
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres.  GIFTS (See instructions on page 2) If NONE, check this box.  GIFTS (See instructions on page 2) If NONE, check this box.  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business  ANDREW SZEKELY CHIROCTR TOY  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER  Business (Name and Address)  Transferee (Name and Address)	SS: GO N MAIN ST. DOYLE  O. BOX 7860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this II  SS. 704 S. BROAD ST., LAW  VINE ST. LAWSDA  Circumstances (including de  If NONE, check this box.  Citions on page 2) If NONE, check this box.  (See instructions on page 2) If NONE, check  S. BROAD ST., LAWSD  (See instructions on page 2) If NONE, check	Value of Gift  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  Value  V
Name: CCVENANT BANK  GREAT LAKES  DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp  Name: ANDREW SZEKELY CHIROCTR. Addres.  GIFTS (See instructions on page 2) If NONE, check this box.  GIFTS (See instructions on page 2) If NONE, check this box.  Address of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)  Name: ANDREW SZEKELY CHIROCTR. Address  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Name and Address of Business  ANDREW SZEKELY CHIROCTR. TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET TO GET T	SS: GO N MAIN ST. DDYLE  O. BOX 7860, MADISON WI  Idoyment. (See instructions on pg. 2) ONLY IF NO check this I  SS: FOY S. BROAD ST., LAW  VINE ST. LAWSDA  Circumstance (including de  If NONE, check this box.  S: FOY S. BROAD ST., LAW  (See instructions on page 2) If NONE, check  S. BROAD ST., LAWSD	STOT  STOCK  STOT  Value of Gift  Value of Gift  Value  Position Held (i.e., officer, director employee, etc.)  PRESIDENT  This box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred  and belief; said affirmation being made subjections.

(3 of 4)

### ADDENDUM FOR STATEMENT OF FINANCIAL INTERESTS

COMMWEALTH OF PENNSYLVANIA A SEC-1 REV. 01/18

GEORGE A. SZEKELY, II CANDIDATE FOR STATE REPRESENTATIVE, 53RD DISTRICT

ITEM 04 PUBLIC POSITION OR PUBLIC OFFICE
C BOARD PRESIDENT, MONTGOMERY COUNTY
CORRECTIONAL FACILITY currently holding this position

ITEM 05 GOVERNMENTAL ENTITY
C MONTGOMERY COUNTY CORRECTIONAL FACILITY

ITEM 09 CREDITORS
HUNTINGTON NATIONAL BANK, 4.39%
PO BOX 182519
COLUMBUS, OH 43218-2519

2/2

2/2

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME	FIRST NAME	MI SUFFIX
	TARIO	AMNA	
0:		Chata Zia Codo	Area Codo Phone
พก	OFE: B. YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BE	ARS YOUR SOCIAL SECURITY NUMBER OR FINA	ANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (Se  A Candidate (including write-in) C Public Official (Current) D  B Nominee C Public Official (Former) D	Public Employee (Former)  Public Employee (Former)  E Check this if you are as a solici	filing are amending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job til	tle, etc.) seeking hold	held
A	6 9 1 0 6 m 1 0 L 0 G Y R 6 9	seeking L hold	C (   A 7 €
в:		seeking hold	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomine	ee (e.g., dept, agency, authority, borough, board, commiss	sion, county, school district, twp, etc.)
A :	MONT GOMERY COUNT	7 0 6 6 1 6 6	OF
В	PUBLIC HERLTH		
06 <b>(</b> - <b>(</b>	OCCUPATION OR PROFESSION (This may be the same as block 4)  PIDEMIOLOGY 266ARCH ASSOCIATE	7 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 17
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.		
09	CREDITORS (See instructions on page 2), Creditor (Name and Address) If NONE, ch	neck this box.	Interest Rate
	Name Address:		
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employmen	nt. (See instructions on pg. 2) ONLY IF NONE, check this block.	(OFFICIAL USE ONLY)
	Name MONT GOMERY COUNTY OFFICE Address !	430 DEKALB STREET	2
	of public MEALTH	ORRISTOWN PA	
11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Value of 6ms
i	Address of Source of Gift	Circumstances (including description) of G	
12	2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NOI	NE, check this box.	Value 10
	Source (Name and Address)		
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions of Business Entity (Name and Address)	on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
	Name: Address:		
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See in Name and Address of Business	structions on page 2) If NONE, check this box. 🕻	Therest Held (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See in Business (Name and Address)	nstructions on page 2) If NONE, check this box. Interest H Relations	
	Transferee (Name and Address) he undersigned hereby affirms that the foregoing information is true and correct to the best	Date Trai	nsferred
The to t	he undersigned hereby affirms that the foregoing information is true and correct to the best of the penalties prescribed by 18 RaiC S 84904 (unsworn falsification to authorities) and the	Public Official and Employee Ethics Act, 65 Pa.C.S.	\$1109(b). 05/01/2018:
	Signature	Enter Current Date S NOT COMPLETED. MAKE A COPY FOR Y	
	THIS FORM IS CO.	J. 12. 20m april 1 mm. 2 m 20 m	

COMMONWEALTH OF PENNSYLVANI

PENNSYLVANIA STATE ETHICS COMMISSION

STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV, 01/18 PLEASE PRINT NEATLY SUFFIX MI FIRST NAME 01 LAST NAME |V|Zip Code Area Code Phone State City or povernmental) or home NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this STATUS block if you Check this block Public Employee (Current) C Public Official (Current) are amending if you are filing an original filing Public Employee (Former) C Public Official (Former) D as a solicitor B ___ Nominee hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking seeking held hold 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.) 05 SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address (OFFICIAL USE ONLY) 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: GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gitt Circumstances (including description) of Gift-Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 ("t") OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) Address Name. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. [ ] Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties pre Enter Current Date

### **STATEMENT OF FINANCIAL INTERESTS**

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

01	TEREBELO CHRISTINA T
NU	DIE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are filing an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
А	ASSISTANT COUNTY SOLICITOR
L	seeking hold held
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.)
Α [	M D D + Q D M Q C V C D I D + Y
ا ``	$\frac{1}{1}$
в	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
	Attorney  Information in Blocks 8 - 15 represents disclosure for the calendar year listed here:  2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. [ Subaru Motors Finance)
	Name: ACS Student wans Address: Address: Address: March Bank Interest Rate
	P. D. Box 7051, Utica, NY P.O. Box 78076 Phoenix, AZ 37/5/3
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.
ſ	Source of Gift Value of Gift
Į	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 (Name and Address)
	Name: Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
14	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 Address)  Date Transferred
	e undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject person or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescribe or the penalties prescr
1	414119
	Signature Enter Current Date Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
	INIS FORIS IS CONSIDERED DEFICIENT IF ANY DECOMADONE IS NOT CONFILED. MAKE A COFF FOR TOOK RECORDS.

COMMONWEALTH OF PENNSYLVANI

### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX MI FIRST NAME 01 LAST NAME MA 0 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you D Public Employee (Current) C Public Official (Current) Check this block A ___ Candidate (including write-in) are amending if you are filing an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B Nominee 🔀 hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking R held ___ seeking hold 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.) OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS 06 Information in Blocks 8 -15 represents 2 0 ASSESSOR disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 m 196 2 Interest Rate Address: 335 Name: (OFFICE AL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, 10 check this block. Address ONE MUNTEONERY GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value 12 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.) Business Entity (Name and Address) Name Interest Held (i.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Relationship Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b) to the penalties pres Enter Current Date _ THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01	01 LAST NAME FIRST NAME					MI	SUFFI	X
	THOMPSON SAMAN	T+	AL			L-		
		-						
NC	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SEC	CURITY NU	IMBER O	R FINAN	ICIAL A	CCOUNT	NUMBI	ERS.
03	03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)						eck this	
	A Candidate (including write-in) C Public Official (Current) D W Public Employee (Curr		if yo	eck this bou are fill	ng	are	ck if you amendi original	ng
	B Nominee C Public Official (Former) D Public Employee (Form	ner)		solicito		aii	Original	
04	04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member. Commissioner, job title, etc.) seeking	ا⊻ بد است	hold	n [1]	held	77		]
A	A A S S I S T H V 1 7   D I S I K I C I   A		0' 1	\ <u>         </u>	6	r		
r	seeking		hold		held		T	
В	B				<u> </u>			
 05	05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee. Candidate or Nominee (e.g., dept, agency, author	ority, borougi	n, board, c	ommissio	n. county	, school c	district, tw	rp, etc.)
А	A MONTGOMERY COUNTY							
ſ					T	T	T	
В	B				<u> </u>			
06			ante					
_ /	Assistant District Attorney Information in Blocks 8 disclosure for the calen	•		2	0   :	1 7		
08	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.							
09	09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.				Intere	st Rate		
	Name. Address:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20 1140		
	10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg.	2) ONLY I	NONE		(OEE	FICIAL US	SE ONL	<u> </u>
10	TO DIRECT OR INDIRECT SOURCES OF INCOME including (but not inflined to) all employment. (See instructions on pg.	check t	his block	₩	(011	TOTAL U	SE OIVE	',
	NameAddress.					<b>2</b> 013		y 7
							-	<del></del>
11	11 GIFTS (See instructions on page 2) If NONE, check this box. [V] Source of Gift				∵ Value			
ĺ			ſ			[5]		
Į	Address of Source of Gift Circumstar	nces (includir	ig description	on) of Gift				·-:
12	12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. V			ΥÇ	Value	<u> </u>	7, 12 c 2 2 2 contact	10 10 42
	Source (Name and Address)		ès un		<del>//</del>	2		): 
[					<u></u>	<u> </u>	<u>L</u>	
13	13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, che Business Entity (Name and Address)	eck this bo	x. 灯	1	Position	Held (i.e., ee, etc.)	officer, di	rector.
	Name Address				,			
14	14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If Name and Address of Business	NONE, ch	eck this t	юх. 🔽	Interest	Held (i.e	5%, 10%	etc.)
15	15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	f NONE, ch						
	Business (Name and Address)		R	terest Heli elationship	)			
	Fransferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledg to the penalties ores  [thorities] and the Public Official and Employ	je, informati	on and be	ate Transf elief; said	l affirma	tion being	g made	subject
to ti	to the penalties present thorities) and the Public Official and Employ	yee Eunics /	nui, 03 PE	1.0.3. 91 []	/ d	118		
	Signatu OCK AROVE IS NOT COMPLETED		urrent Da	-	17/	TOPPE		
	THIS PORTION OF THE OCK ABOVE IS NOT COMPLETED.	MAKE A	JUN 1	JK 10	OIN INC.	JUNDO.	•	

### STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 753-1610 • TOLL FREE 1-800-932-0936

TNAME	FIRST NAME	MI	SUFFIX
1 D C	MELL DENNIS	0	

03	STATUS	Check	applica	ble bl	ock or	bloci	ks, mo	re tha	n one	block	may	be m	arked	. (See	instru	tions	on p	age 2	)			ROR	(FIN)	ANCIA	AL AC		heck t	his
	А <u></u> в <u></u>	Candida Nomine		luding	write-i	in)	c c				al (Cu al (Foi				Publi Publi					E	لــا	Chec if you as a	ı are		k —	a		you inding nat filing
04	PUBLIC F	OSITION	OR P	UBLIC	OFF	CE (a	admin	strato	r, mer	nber	Comr	nissic	oner, j	ob title	e, etc.)		seek	ng			hold			hel	d			
A [	ر ه ا	u N	7	Ψ		ں	۴		Μ	U	7	7	6	Ó	M	E	12	٧	1	<u></u>						1		
в	······································									***	]	1	Ţ	Ţ	T	IJ. [	seeki	ng			hold	1		hel	d			}
L,			. L				L				<u> </u>	i		<u> </u>	1,	Ì		i								i		
05	GOVERNI	MENTAL E	NTITY	in whit	ch you	are/w	ere an	Officia	al, Emp	oloyee	, Cano	didate	or No	minee	(e.g., d	ept, a	gency	author	ority, b	orougl	n, boar	rd, ∞n :	nmiss	ion, co	ounty,	school	l district	, twp, etc.)
A					L		,				L.,		İ	. l	l		İ.	į	j	; ;	١.	. i	].					
В	A VA												]	-	Ī		ľ	1	1				Τ		*		Ī	
06	OCCUPA	TION OP	PROF	ESSIO	N (Th	is ma	v he t	ne eer	ne se	hlost	4)	L	· · · · · ·	107	YEAR		C Ne	TDU							i			
	ひこしいんひ				L	1	у ве (і 3 <i>—</i> с		/ as		£.	ο.		1	rear Inform disclos	ation	in Blo	cks 8	-15 re	prese		re:	2	0	1	7	-	
08	REAL ES		-		e insti	•		-	2) If	NON	IE, ch	eck t	his b	OX. ; 4													•	
				•				-				-	-	, ,														
09	CREDITO	RS (See in	nstruct	ions o	n page	e 2). (	Credite	or (Na	me an	d Add	dressi	ı if P	NONE	. che	ck this	box		_										
-	Name:	- (200 "			ag	-/-				141			dress:	.,			نــــا ٠							Int	terest	Rate		
10	DIRECT O	RINDIREC	T SOL	JRCES	S OF 1	NCON	IE incl	uding	(but no	ot limi	ted to)	all er	mploy	ment.	(See in	struc	tions o	n pg.						(0	OFFIC	CIAL	JSE OI	VLY)
	Name: C	كسر	Ţ	oL	ſ	YL.	NIT	Est	MEI	20	~	Δriz	iress:	K	لاء	a.	57	نى-			his blo PA							
					• .				· · · · · · · · · · · · · · · ·			Ϋ́OC		1.	بر <i>ر</i>	<b>-</b>	٠. ٠			1	. ,-1	**						
11	GIFTS (S	e instruct	tions o	n page	e 2)	f NO	NE, cl	neck t	his b	ox.						· <u>-</u>									,		2	
i	Source of G	ft	, 1	ľ	1	1	,	. 1	ı			r · · · · - ·	· · · · ·	· · · ·	r			ŗ .	1	-,		r	· г	v	alue o	f Gift	4. 2 	*
															<u> </u>		<u> </u>	Ĺ					. w.				_	
	Address of Sc	urce of Gift														1	Circ	umstar	ices (in	cluding	g descr	iption)	of Gif	t		1.0		
12	TRANSPO			GING	, HOS	PITA	LITY	(See i	nstruc	tions	on pa	ge 2)	) If N	NONE	, checi	k this	box.				-			Value	· -: .			1 r
Γ.	Source (Nar	ne and Add	ress)	<u>-</u>			т	ī	T			<u></u>		T	<del></del>		i	-	Τ						·		12	Ti
-		\$		j		į							l .	-	7 An . W. at		İ	:	!	ì				1	:1		Ö	
13	OFFICE, E Business 8					YME	NT IN	ANY	BUSII	NESS	(Sec	e instr	ructio	ns on	page 2	) <b>If</b>	NONE	, che	ck thi	s box	ı. 🔝			emp	loyee.	etc.)		director
	Name C	- TV			٧٢٧	J	EX	n£	124	,		Addn	ess: /	Ų.	SZR	15	10	۸ب	ز	P	2		ļ		人人 上 <i>一</i>	JUL DIC	TH	15051 150
14	FINANCIA Name and A	L INTERE	ST IN usiness	ANY	LEGA	L EN	TITY	N BU	SINES	S FC	R PR	OFIT	(Sec	instr	uctions	on p	age 2	) If	NONE	, che	ck thi	s box	(. [ <b>.</b>	Inte	rest He	eld (i.e	. 5%, 10	)%, etc.)
15	BUSINESS Business (Na			RANS	FERR	ED T	O IME	IEDIA	TE F	AMIL	Y MEI	MBEF	R (Se	e inst	ruction	s on	page	2) If	NON	E, cho	eck th		L	7				<del></del>
	Transferee (		uress)																			Relat	st He ionshi	Р				
	undersigned	l hereb												st of s	aid pe	son s	knov	viedge	, info	matic	on and	belie	f, sai	ferred d affir	matio	n bein	ig mad	e subject
o the	e penalties p	rescnt												ne Pu	blic Off	icial a	and E	mploy	ee Eti	nics A	ct, 65	Pa.C	.S. §	1109(	p). ・フィ	, /	15	)
	-	nature .																			rrent		_	4	26	2/	1 6	2
	TH	S FOI												IS N	OT C	ОМЕ	LET	ED.	MAK	EAC	OPY	FOR	NY S	De e	ECC	) R D S	1	

_		INANCIAL INTERESTS PRINT NEATLY	PENNSYLVANIA (717) 783-161(	STATE ETHICS COMMISSI 0 • TOLL FREE 1-800-932-09
01	LAST NAME	FIRST NAME		MI SUFFIX
	TILGER-HALBOM	LAUREN		MI SUFFIX
Α,	OTE. IF TOO AIRE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NU	MOED OD FINANCIA	
03			IMBER OR FINANCIAL A	CCOUNT NUMBERS.
	The september of blocks, more than one block may be marked	x-A		Check this
	A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	D Public Employee (Current) E	Check this block if you are filing	block if you are amending
04	C 🗀 Public Official (Pormer)	D Public Employee (Former)	as a solicitor	an original filing
	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner	, job title, etc.) seekIng	hald held	
A	A D M [ N [ ] S   1   K   A   1   1   V   E	DEPUTY		
		seeking	hold held	
В				
05 [	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e.g., dept, agency, authority, borough	, board, commission, county,	school district, twp, etc.)
A	MONITOOMERY COUN	1TY REC	OFBE	EEDS
<u>.</u> [				
<b>B</b>				
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.		
A	idministrative beganting	Information in Blocks 8 -15 represer	nts 2 0 i	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	disclosure for the calendar year liste	d nere: [ ]	1.4.1
		dox.		201
			Con. I	OD (**)
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.		
	Name: Address		Interest	Kate
	DIRECT OF INDIRECT OF			
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo			CTAL USE ONLY)
	Name: Penn State French Dept Address	University Parts, PA Huko		
	Name: Penn State French Dept Address Montgomes, axinty Dem. Committee Po	Pay 85 7 Namistour	PA PA	water, It
11	GIFTS (See instructions on page 2) If NONE, check this box.		19400	
٢	Source of Gift		Value o	f Gift
	Address of Source of Gift	Circumstances (including of	description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.		
r	Source (Name and Address)	Monte, ender this box.	Value	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on page 2) If NONE, check this box.	Position He	eld (i.e., officer, director,
	Business Entity (Name and Address)		employee,	
	Name: Address:			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Serial Name and Address of Business	e instructions on page 2) If NONE, checi	k this box. Interest He	eld (i.e., 5%, 10%, etc.)
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	ee instructions on page 2) If NONE chec	k this boy	
	Business (Name and Address)		Interest Held	
The	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and exceed to the book		Retationship Date Transferred	
	e penalties pres	n's knowledge, information il and Employee Ethics Act	and belief; said affirmation , 65 Pa.C.S. §1109(b).	n being made subject
	Signatu		ulala	010
	THIS F	PLETED. MAKE A CO	PPY FOR YOUR RECO	RDS

### STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY (717) 783-1610 • TOLL FREE 1-800-932
01 LAST NAME TOPPING	FIRST NAME MI SUFFIX KENNETH L
	KENNETH L
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYT	HING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may l	be marked. (See instructions on page 2)
A Candidate (including write-in) C Public Official (Cur	rrent) D X Public Employee (Current) E Check this block block if you are amending
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Comm	missioner, job title, etc.) seeking  hold held
A P L A N N E R R E G I O	N A L T A S K F O R C E
	seeking hold X held
OPERATING OFF	ICER
	didate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
A MONTGOMERY CO	UNTY
A T T O R N E Y G E N E	R A L OFFICE
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
Planner, SE PA Regional Task Force	Information in Blocks 8 -15 represents
8 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, che	
· · · · · · · · · · · · · · · · · · ·	~3
OPENITORS (O	
9 <b>CREDITORS</b> (See instructions on page 2). Creditor (Name and Address) Name. PHEAA	If NONE, check this box.  Address PHEAA, Harrisburg, PA 1718 Officerest Rate 6%
IRS	TRS Andover MA 01810
D DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to)	
Name Montgomery County	check this block.
Defense Finance Accounting Servi	Address: Norristown, PA 19404
1 GIFTS (See instructions on page 2) If NONE, check this box.	46249 E 56th St Indianapol S, IN 46249
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift
2 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page Source (Name and Address)	ge 2) If NONE, check this box. 🗴 Value
Source (Name and Address)	
3 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Business Entity (Name and Address)	instructions on page 2) If NONE, check this box. X Position Held (i.e., officer, director, employee, etc.)
Name:	Address:
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PRO Name and Address of Business	OFIT (See instructions on page 2) If NONE, check this box. X Interest Held (i.e., 5%, 10%, etc.)
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEM	// IBER (See instructions on page 2) If NONE, check this box. 区
Business (Name and Address)	Interest Held Relationship
Transferee (Name and Address) he undersigned hereby affirms that the foregoing information is two and correct	Date Transferred  Date Transferred  The best of said person's knowledge, information and belief; said affirmation being made subject
the penaltie	nd the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
5	Enter Current Date
	OVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
	(3 of 4)

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A \$6C-1 REV. 01/18 (717) 783-1610 + TOLL FREE 1-800-832-0938 PLEASE PRINT NEATLY 01 LABT NAME FIRST NAME SUFFIX  $\mathbf{T}$ 0 NET Т Α Н R 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one black may be marked (See instructions on page 2) Check this block if you A Candidate (including write-in) € 🔀 Public Official (Current) D 🔲 Public Employee (Current) E Check this block if you are filling are amending B Nominee © Public Official (Former) D Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, Job title, etc.) K hold ☐ held C m m n П П ☐ held seeking hold GOVERNMENTAL ENTITY in which you ere/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) М O n t C е r O u n 16 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents Real Estate Broker 2 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 🔀 09 CREDITORS (See Instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Loans only as part of Address: partnerships and investments listed in Block 14 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not finalized to) ell'employment. (See instructions on pg. 2) ONLY IF NONE, oneok this block. (OFFICIAL LISTE ONLY) See insert Name: Address: GIFFS (See instructions on page 2) If NONE; check this box. Source of Gift Value of Gift Address of Source of Gift Circumitances (including description) of Gift TRANSPORTATION, ŁODGING, HOSPITALITY (See instituctions on page 2) If NONE, check this box. 😿 Value टाउँक Source (Name and Address) Position Held (i.e., officer, director, employee, etc.) 13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box. Business Ehilly (Name and Address) See insert Name: Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. Interest Held (I.o., 5%, 10%, etc.) 14 See insert BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) 16 Relationship

Transferoe State and Address)

The windersigned bereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Packs 1440% American feletical and the Public Official and Employee Ethics Act, 65 Pa.O.S. \$140% (b). Signature ...

THIS FORM IS C

4-25-18 Enter Current Date COMPLETED. MAKE A COPY FOR YOUR RECORDS.

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME						
	H. 10 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	FIRST NAM					SUFFIX
-	1 9 8 7 2 8	37	2 2 6	= 4		M	
T							
*							
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	IAT BEARS YOUR	SOCIAL SECUR	^{err} NUMBER	OR FINANCIAL	ACCOUNT	/UMBERS.
03	STATUS Check applicable block or blocks, more than one block may be market					, at 1974	
	7 1 range	D 🔀 Public Em	-	E i (	No and action		k this Cif vou
		D Public Em		_ ~ ii	heck this block you are filing	are a	mending
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,				s a solicitor	an or	iginal filing
		· · · · · · · · · · · · · · · · · · ·	seeking	X hold	held	With the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	
^	MEPRISON BOARI	>					
		1 Common	seeking	X hold	held		
В	C41 EE OE PO110			T i iii			
_			<u> </u>		i		4
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, a	gency, authority, be	orough, board,	commission, count	ly, school distr	ict, twp. etc.)
A	LOWER PROVIDENCE		110				
r.				<u> </u>			
В	MONTGOMERY COUN	174					
06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SE	E INSTRUCTION	s			
	$\mathcal{O}_{\mathcal{O}}$	Information i	in Blocks 8 -15 re	presents	2 0		
08	POLICE VIFICER REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b		r the calendar ye	ar listed here:	2   0	18	
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE  Name: Ref. L. L. Address:	e, check this box.	A		l l	st Rate	<b>,</b>
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	ment. (See instructi	ons on pg. 2) ON	Y IF NONE	(OE)	ICIAL USE C	NAU VI
	<i>//</i>		che	ck this block	- 🗆	ICIAL USE (	JINLT)
	Name LOWER MONIDENCE THE Address:	<b>**</b> 2					
					l		
11	GIFTS (See instructions on page 2) If NONE, check this box.		***************************************			*****	
1	Source of Gift			r	Value	of Gift	
Ĺ							
_ ′	dddress of Source of Gift		Circumstances (incl	uding description	n) of Gift		································
2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If M	IONE, check this I	box. X		Value		
Γ	Source (Name and Address)			i			
				]			
3	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	s on page 2) If No	ONE, check this	box. X	Position		rector,
	Business Entity (Name and Address)			<b></b>	amployed		<i>-</i>
	lame: Address				<b>≅</b> d(?) ;	<del>0</del>	,
4	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Name and Address of Business	Instructions on pag	ge 2) If NONE,	check this b	Interest	od (i.e., 5%, 1	0%, etc.)
					835	- Armenia	#1 ar
5	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Sec	e instructions on an	ne 2) If NONE	chack this	<u> </u>		<del>-</del>
	Business (Name and Address)	» тыпоснон <b>я</b> ол ра	ige 2) if <b>NUNE</b> ,	check this b	orest(bloid	الدآ	!
	Transferee (Name and Address)			Rei	ationship	Canal Control	
ne u	ndersigned hereby affirms that the foregoing information is true and correct to the bes penalties prescri	t of said person's k	nowledge, inform d Employee Ethic	ation and bel	ef: said affirmation	n being made	e subject
		PHIODE EIN	- employee call	~ ∧u, 00 ra.	ر.ع. ۱۱۱۵۹(۵). م	1	
	Signature		Enter	Current Date	4/17/	18	************
	THIS FO	COMPL	ETED. MAKE.	A COPY FO	R YOUR RECO	)DDe	

PENNSYLVANIA STATE ETHICS COMMISSION

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY МІ **SUFFIX** FIRST NAME LAST NAME 01 Ł a u ۷ h W Phone NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this block if you D Public Employee (Current) Check this block C Public Official (Current) Candidate (including write-in) are amending if you are filing an original filing D Public Employee (Former) C Public Official (Former) as a solicitor B . Nominee 7 hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking 04 seeking hold held 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.) O В SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 7 0 disclosure for the calendar year listed here: -Dlanner REAL ESTATEUNTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate Address Name: (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. GIFTS (See instructions on page 2) If NONE, check this box.  $\overline{}$ Valu<del>e gef</del> Gift Q46 * 1 cm Source of Gift Circumstances (including description) and It Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee, etc.) Business Entity (Name and Address) Address Interest Held (i.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Business (Name and Address) Date Transferred Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b). to the penalties

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

Enter Current Date

### STATEMENT OF FINANCIAL INTERESTS

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

											P	LEAS	E PRIN	TNEA	TLY											
01	LA	AST N	ME											FIRS	NAME									MI	SUF	EIY
	V	7	$\boldsymbol{\tau}$	$\overline{}$							T			7	> 5	-	0	+		T			7 [		301	
														<u> </u>		<u></u>		<u> </u>							<u> </u>	
NO	TE: I	F YOU	ARE	INCLUD	NG AT	TACHM	ENTS,	DO NO	TINC	.UDE A	NYT	HING	THAT B	EARS Y	OUR SC	CIAL	SECUE	ITY N	UMBE	R OF	FINA	NCIAL	. ACC	DUNT	NUM	BERS.
03	STA	ATUS	Che	ck applic	able blo	ock or t	olocks.	more th	an one	block	may l	ne ma	rked (S	ee instr	ections o	n nao	2)						y			
	A	, г		idate (in				r					_				•						L		ck th	
		3 []	Nom		ciuaing	write-in	•	(****)		Official	,	,	300		lic Emplo			E	******		ck this Lare fi			are	amen	ding
		-								Official	·		D Ĺ		lic Emplo	· · · ·	·····			asa	solicito			an o	origin	al filing
04	PUE	BLIC P	OSITI	ON OR I	PUBLIC	OFFIC	E (adm	ninistrat	or, me	mber, C	omm	ission	er, job t	itle, etc.	) 🗌 se	eking		-	hold	I		heid				
A i	-	X	E	ں∣ے	T	١,	15		0	7	Ð	F	c 7	- 0	D			T		T	Π	T	T		T	
1.5							Y			لميل					71-7	i_		<u> </u>						1	1	1
f				T	т			~~~~								eking	~~		hold	·		held		···	-	
В																							-			
									***************************************			· · · · · · · · · · · · · · · · · · ·	***************************************		······································									<u> </u>	J	<u></u>
05 ‴	GO	VERNI	TENTA	L ENTIT	Y in whic	h you a	re/were	an Offic	ial, Em	ployee,	Cand	idate c	r Nomine	e (e.g.,	dept, age	ncy, a	ithority,	oroug	n, boai	rd, cor	nmissio	on, cou	nty, sc!	nool di	strict, t	wp, etc.)
Α	W	O,	<b>ひ</b> じ	r   G	0	MI	EF	~ Y		2	0	ပ <u> </u>	NI	- 4		7	(C)	T	11		<u> </u>	E	N	T	E	R
r			······································		· · · · · · · · · · · · · · · · · · ·	<del>-</del>		y		· · · · · · · · · · · · · · · · · · ·						<b></b>	V 1 V		1.99				. J	1	1	1.33
В												ŀ														
٠	000	> L L D A 3				• • • • • • • • • • • • • • • • • • • •							<u>-</u>				i						-l	I	L	1
06	UCL	JUPA	ION	R PROF	-59910	NI (INIS	may b	e the sa	ıme as	DIOCK 4	4)		0	YEAR	SEE		UCTIO				ſĭ	r				
E	Lea	cuf	ive	$\mathcal{O}$	itec	101	-								sure for					ге:	2	0	1	7		
08				NTERES				on nage	2) [	MONE	- aha	ak sh	in hav	7												
0	DIRE			1 A		OF INC	OME	ncluding	(but n	ot limite	d to)			t. (See i	<b>TOO</b> (	ns on p	g. 2) C	NLY IF	NON	Ε, ,			FICIA			<u>/o</u> .Y)
																	c	heck ti	nis bio	ock.	<b>V</b>					ŕ
	Name	<u> </u>									-	Addr	ess:							- 41	<u> </u>					
1				uctions	on page	2) <b>If</b>	NONE	check	this b	ох. 🍒													5	3	· SAFE	
Γ.	Sourc	e of Gil	t 		γ		<u>T</u>	·····	7			······································				<b>y</b>		-1		F		Val	ue of 🧧		عامد سامد	
								İ		Ì												⊒,	3	#	· [	1 1
,	Addres	s of So	urce of	Gift					*************		****		reconstruction frances		(	ircums	tances (i		descr	ا (iption	of Gill	<del>- 1</del>	- 5		31	2
																					<u> </u>	we.			[144]	1
2				ON, LOI	DGING,	HOSP	ITALIT	Y (See	instruc	ctions o	n pag	ge 2)	If NON	E, ched	k this b	ox. 🐧					$\Xi$	4	· _	ט	estres.	71,5744 11,574 11,574
[		Ī		1			1	Ī	1			T	T		T		I	٦		[		≤⊊	<u> </u>	Ť	- 1	
ļ	L	<u></u>		<u> </u>	Li.			<u>i</u>	1	<u> </u>	<u></u>				<u> </u>	<u>l</u> _				_	B	유_	1 7	+	<b>1</b>	
13				ORSHIE lame and			MENT	IN ANY	BUSI	NESS	(See	instru	ctions o	n page	2) If NC	NE, c	heck th	is box	. 1		ı	emplo:	n Held yee, et	μē., οί ΆΩ	ficet _e d	icector
	Name	<u>:</u>										Addres	is:													
4	FINA	NCIA	INTE	RESTI	ANY L	EGAL	ENTIT	Y IN BU	JSINE	SS FOR	PRO	OFIT	(See ins	truction	s on pag	e 2)	If NON	E, che	ck thi	s box		Interes	t Held	(i.e., 59	%, 10%	, elc.)
	Name	and A	odress .	of Busines	S										. •											
																						,				
5				RESTS	RANS	ERRE	D TO II	MMEDI	ATE F	A BALL V	MEM	BER	(See in:	eta iction	s on pag	ge 2)	If NO	E, che	ck th	is bo	. 5	_				
		ess (Na	me and	(Address						- IAM - 1			,	suucuoi							x. 🕎	]				
				·						-WIL I			,	sudello							st Held					
he ·	Trans	feree (N		nd Addres		force-											r			Relat Date	st Held ionship Transfe	erred				·
he u	Trans	teree (N		·		forego							e best of	said pe		nowied I Empi	ige, info	rmatio	n and	Relat Date belie	st Held ionship Transfe f; said	rred affirma	ation b	eing r	nade s	subject
he u	Trans	feree (N signed alties		nd Addres		forego							e best of	said pe	erson's k	nowled I Empi	ige, info oyee E	matic hics A	n and	Relat Date belie	st Held ionship Transfe f; said	rred affirma	ation b	eing n	nade s	subject
he u	Trans	feree (N signed alties Sig		nd Addres		forego							e best of	said pe ublic Of	rson's ki ficial and	l Empi	oyee E	hics A	ct, 65 rrent [	Relat Date belie Pa.C.	est Held ionship Transfe f; said S. §11	affirma 109(b).	10.	a,	nade s	subject
he u	Trans	feree (N signed alties		nd Addres		forego							e best of	said pe ublic Of	erson's k	l Empi	oyee E	hics A	ct, 65 rrent [	Relat Date belie Pa.C.	est Held ionship Transfe f; said S. §11	affirma 109(b).	10.	a,	nade s	subject

### Statement of Financial Interests

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

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

AFTER SUBMITTING THE FORM, YOU CAN OBTAIN AN OFFICIAL COPY FROM THE STATE FIBICS COMMISSION'S FLIBRARY AT HTTP://www.efflicsrulings.state.pa.us/ You may also supply Your e-mail address below for an official copy to be sent via e-mail.

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

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

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

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

- B: Nominees Persons nominated for public office subject to confirmation.
- C: <u>Public Officials</u> Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.
- D: <u>Public Employees</u> Individuals employed by the Commonwealth or a polictical subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

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

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

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

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

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

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

Are you amending a prior filing?*

No

01 Name

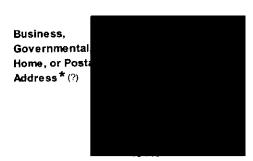
First Name * (?) John

Last Name * (?) Walko

Middle Initial F

Suffix

02 Address



State / Province / Region PA Country

Telephone *(?)

215-661-0400

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

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

Status*(?)

Solicitor

State or

County/Local

County/Local * (?)

County* (?)

Montgomery County

County/Local Entity* Narberth Borough

Position * (?)

Solicitor

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

Selecting "Yes" will allow for additions below:

Status*(?)

Solicitor

State or

County/Local

County/Local * (?)

County* (?)

Montgomery County

County/Local Entity* Montgomery Township

Position * (?)

Montgomery County Recorder of Deeds

### 06 Occupation or Profession

**Current Occupation** Attorney

or Profession*(?)

07 Year

Year * (?)

2017

The calendar year for which this form is being filed.

### 08 Real Estate Interests

Do you have

No

reportable real estate interests?*

(?)

### 09 Creditors

Do you have reportable creditors?*(?)

Yes

### Creditors

Name * (?)

Navient

Address (?)

PO Box 9500

City*

Wilkes-Barre

State *

PA

Zip Code

18773-9500

Interest Rate *

3

Exclude the "%" symbol

Name * (?)

U.S. Department of Education, Edfinancial

Services

Address (?)

PO Box 36008

City*

Knoxville

State *

TN

Zip Code

37930-2037

Interest Rate *

5.375

Exclude the "%" symbol

Name * (?)

Chase

Address (?)

PO Box 901037

City*

Forth Worth

State *

TX

Zip Code

76101-2037

Interest Rate*

1.9

Exclude the "%" symbol

### 10 Direct or Indirect Sources of Income

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

### Source of Income

Name * (?)

Hamburg, Rubin, Mullin, Maxwell & Lupin,

P.C.

Address * (?)

Street Address 375 Morris Road Address Line 2 PO Box 1479

City

19446

State / Province / Rogion

Lansdale Postal / Zip Code

Country

Name * (?)

County Of Montgomery

Address*(?)

Street Address PO Box 311 Address Line 2

City

State / Province / Region

Norristown Postal / Zip Code PA Country

19404

### 11 Gifts

Have you received any reportable gifts?*(?)

Gifts Disclaimer *

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

▼ I Accept

### 12 Transportation, Lodging, Hospitality

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

No

Transportation,

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

☑ I Accept

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

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

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

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

### 15 Business Interests Transferred to Immediate Family Member

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

No

Additional comments or explanations about any of the above sections:

Confirmation *

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

☑ I Confirm

Signature * (?)

Date

John F. Walko

2018-03-05

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

PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS COMMONWEALTH OF PENNSYLVANI (717) 783-1610 • TOLL FREE 1-800-932-0936 A SEC-1 REV. 01/18 PLEASE PRINT NEATLY SUFFIX MI FIRST NAME 01 LAST NAME Phone Area Code Zip Code State ADDRESS office (business or governmental) or home NOTE: 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) Check this block if you E Check this block D Public Employee (Current) are amending C Public Official (Current) A Candidate (including write-in) if you are filing as a solicitor an original filing D Public Employee (Former) C Public Official (Former) 8 Nominee hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held sesking В 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.) 05 8 SEE INSTRUCTIONS OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate 66 Address: Name: (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, GIFTS (See instructions on page 2) If NONE, check this box. C1.5 11 Value of Gift Source of Gift Circumstances (including description) of Gift-Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e. officer, director, 13 Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) 14 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

> Enter Current Date /E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Relationship Date Transferred

pest of said person's knowledge, information and belief, said affirmation being made subject

the Public Official and Employee Ethics Act, 65 Pa.C.S. §1199(b).

15

The undersign to the penalties

Business (Name and Address)

### STATEMENT OF FINANCIAL INTERESTS

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

O1 LAST NAME WASSEL	FIRST NAME  MI SUFFIX  C C
OO ADDOCO # University of the City	State Zin Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING T	HAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be mark  A Candidate (including write-in) C Public Official (Current)  B Nominee C Public Official (Former)	D Public Employee (Current)  D Public Employee (Former)  E Check this block if you are filing as a solicitor as a solicitor
	Table Employee (Corner) as a solicitor
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissione	er, job title, etc.) seeking A hold held
^ PUBLIC HEALTH	Nairitionisii
	seeking hold held
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	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.
A hlir dealth I htistonich	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check thi	s hox
NEAL ESTATE INTERESTS (See Institutions on page 2)	<b></b>
Additional to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	DNE, check this box. Interest Rate
Name: Addre	~ \$ <b>~</b>
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emp	oloyment. (See instructions on pg. 2) ONLY IF NONE,
Name County of Montgomery Address	Check this block.
11 GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift	Value of Gin
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 instru	position Held (i.e., officer, director.
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instru Business Entity (Name and Address)	employee, etc.)
Name: Addres	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business	(See manucions on page 2) in NORE, Check this box.
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address)	(See instructions on page 2) If NONE, check this box. Interest Held Relationship
Transferee (Name and Address)	Date Transferred  best of said person's knowledge, information and belief, said affirmation being made subject
The undersigned to the penalties	Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).
Sie	Enter Current Date 57

	A SEC-1 REV. 01/18  STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY  PENNSYLVANIA STATE ETHICS C (717) 783-1610 • TOLL FREE 1-8	
01	LAST NAME MI SUFF	FIX
	WEATHERS RUSEAUNE	
02	APPRESS - Mary Mary Mary Mary Mary Mary Mary Mary	
NO	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER.	nene
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	DERS.
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you	ou
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original an original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and original and or	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
4 [	OFFICE MANAGER	
_	seeking hold held	
3		
)5	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, to	wn etc
4 /	BOARD OF ASSESSMENTS	,, C.O.
¥4,		
B		
96	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.	
	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	
)9	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Address:  Address:  C.3	
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	
2	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value	
Г	Source (Name and Address)	
3	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Position Held (i.e., officer. of employee, etc.)	director,
	Name: Address:	
	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%)	6, etc.)
4	Name and Address of Business	
15		
5	Name and Address of Business  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  Business (Name and Address)  Date Transferred  Business (Name and Address)  Date Transferred  Business (Name and Address)  Date Transferred	subject
5 Γhe ι	Name and Address of Business  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)  Transferee (Name and Address)	subject

### STATEMENT OF FINANCIAL INTERESTS

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

	PLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
	Wegbreit Robert
02	ADDRESS office (business or governmental) or frome City State Zip Code Area Code Phone
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)  Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as soliciting an original filling an original filling
	B I Norminee
)4 ₄ [	and I C I Part I leave at a trick the Marchael
_ 	seeking hold held
в [	
	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
)5 <b>9</b> [	Ma
L	
3 [	
6	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents
	Financial Research disclosure for the calendar year listed here: 2 0 18
8	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
ž	rental condos 2401 Pennsylvania Ave Phila PA
)9	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.
	Name: Address: Address:
0	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE,
	Name: GF Data Resources LLC Address: 2176 Hurts Lane
	Name: GF Data Resources LLC Address: 2176 Horts Lane Conshohacken PA 1948 55
1	GIFTS (See instructions on page 2) If NONE, check this box.
ſ	Source of Gift Value of Gift
L	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 (Name and Address)  Position Held (i.e., officer, director, employee, etc.)
	Name: GF Data - Partner Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
	GF Data Resources -above
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)
	Relationship Transferee (Name and Address) Date Transferred
	undersigned hereby e penalties prescribe c Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	5/40/2018
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
_	(3 of 4)

### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME Weith	FIRST NAME An j ta	MJ SUFFIX		
NO.	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THA	T BEARS YOUR SOCIAL SECURITY NUMBER OR FIN	IANCIAL ACCOUNT NUMBERS.		
03	STATUS Check applicable block or blocks, more than one block may be marked.  A Candidate (including write-in) C Public Official (Current) D Public Official (Former) C	(See instructions on page 2)  Public Employee (Current)  Public Employee (Former)  Check the figure as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as a solice as	filing are amending		
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, j	ob title, etc.) seeking hold	held		
A .		seeking hold	held		
в		Li Seeking Lilion			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or No	minee (e.g., dept, agency, authority, borough, board, commis	ssion, county, school district, twp. etc.)		
Α [					
В					
o6 En	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 9		
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  Name  Address		Interest Rate		
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	check this block.	(OFFICIAL USE ONLY)		
11	GIFTS (See instructions on page 2) If NONE, check this box.				
	Source of G/ft		,_value of dift		
4	Address of Source of Gift	Circumstances (including description) of	Sift S		
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box.	Value C		
	Source (Name and Address)	Marie Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Carlos Car	<u> </u>		
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	ons on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)		
	Name Address:				
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	ee instructions on page 2) If NONE, check this box. \	interest Held (i.e., 5%, 10%, etc.)		
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Stusiness (Name and Address)	See instructions on page 2) If NONE, check this box. Interest Relation			
7'L -	Transferee (Name and Address) undersigned hereby affirms that the foregoing information is true and correct to the b	Date Tra	ansferred		
	nundersigned hereby anims that the loregoing mormation is tible and correct to the been penalties p	the Public Official and Employee Ethics Act, 65 Pa.C.S.	. §1109(b).		
	Sign	Enter Current Date	<u> </u>		
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BEOOK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.				

### STATEMENT OF FINANCIAL INTERESTS

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

	FELASE FR	INT NEATE
01 LAS	EISS	FIRST NAME  A N N SUFFIX
	YOU ARE INCLUDING ATTACHMENTS, COINGT INCLUDE ANYTHING THAT	BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS
03 <b>STA</b>	Candidate (including write-in) C V Public Official (Current) D	Public Employee (Current) E Check this block if you are amending
	LIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, jo	
8		
05 GOV	ONTGOMERY CO	ninee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
В		
06 000	CUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 7
08 REA	L ESTATE INTERESTS (See instructions on page 2) If NONE, check this bo	x. [L]
09 CRE	DITORS (See instructions on page 2). Creditor (Name and Address)  Address	Interest Rate
	Address:	nent. (See instructions on pg. 2) ONLY IF NONE, check this block.
Sour	TS (See instructions on page 2) If NONE, check this box.  se of Gift  ss of Source of Gift	Circumstances (including description) of Gift
Sour	NSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If the ce (Name and Address)	
Busi	ICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructioness Entity (Name and Address)	ns on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
14 FINA Nam	Address:  ANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See and Address of Business	e instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
Busi	SINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Seness (Name and Address)	Interest Held Relationship
	sterce (Nan	Date Transferred
The under to the pen	sferee (Nar signed he alties pres	rson's knowledge, information and belief, said affirmation being made subject ficial and Employee Ethics Act, 65 Pa.C.S. \$1109(b).  Enter Current Date    Continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the cont

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX R G W R E NOTE: 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) Check this C Public Official (Current) block if you A Candidate (including write-in) D Public Employee (Current) Check this block are amending if you are filing as a solicitor B Nominee C Public Official (Former) D Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held hold H G Ή Ε R Y E R Y C 0 U  $T \mid N$ Ε Μ 0 Т 0 М D seeking Health hold held 8 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.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 2 0 disclosure for the calendar year listed here: 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. X CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. X 09Interest Rafe DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL JUSE ONLY) check this black. Name: Address GIFTS (See instructions on page 2) If NONE, check this box. X CFI Source of Gift Value of Gitt-Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, sic.) Business Entity (Name and Address) 9100 Pennsauken Highway CRW Graphics 6E0 Address: Pennsauken, N.1 08110 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, at Name and Address of Business 0 SAME AS ABOVE 0 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of sald person's knowledge, information and belief; said affirmation being made subject to the penalties pre-Enter Current Date Signati

THIS

MPLETED. MAKE A COPY FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY FIRST NAME MI SUFFIX Q1 LAST NAME L i k d Ε r a W а u е v 0 City State Zip Code 02 ADDRESS office (business or governmental) or home NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) STATUS Check this block if you C Public Official (Current) D Public Employee (Current) E Check this block Candidate (including write-in) are amending if you are filing D Public Employee (Former) an original filing C Public Official (Former) as a solicitor held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) 04 D i i t t n е A t S t r 0 s t a n held seeking hold В GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission, county school district. My etc.) 05 U C 0 Ν T Y Ε R Y 0 М В SEE INSTRUCTIONS. OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Information in Blocks 8 -15 represents 2 0 Attorney disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Interest Rate yene See Attachood. Address (OFFICIAL USE ONLY) DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. See Attiched. Address CZ GIFTS (See instructions on page 2) If NONE, check this box. =ne of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  $\Box$ Source (Name and Address) 7 Position Held Le. officer director OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. (III) Interest Held (i.e., 5% 10% etc.) 14

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

Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief, said affiliationship Date Transferred (Name a) Of said person's knowledge information and belief (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person (Name a) Of said person

of said person's knowledge information and belief, said affirmation beling made subject Public Official and Employee Ethics Act, 65 Pa.C.S. §1 1/09(b).

Signature Enter Current Date

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

## Creditors:

3. American Education Services	2. US Dept of Education	1. Citizens 8ank	Name:
American Education Servoies Payment Center Harrisb	FedLoan Servicing P.O. Box 530210 Atlanta, GA 30353	William Penn Place Office Citizens Bank 525 William F	Address:

American Education Servcies Payment Center Harrisburg, PA 17130-0001 53-0210 Penn Place Pittsburgh, PA 15219

# interest Rate:

1.78% 6.55% 4.78%

# Direct or Indirect Sources of Income:

- 1. Philadelphia District Attorney's Office
- 2. Montgomery County District Attorney's Office
- 3. CapitalOne Bank
- 4. Erika Lyn Photography

## Address:

Three South Penn Square Comer of Juniper and South Penn Square Philadelphia, PA 19107

1 Montgomery Plz, Norristown, PA 19401

1680 Capital One Dr. Mclean, VA 22102

508 Grayson Lane Harleysville, PA 19438

42_

LACTMANE								LEAS	E PR	11411	VEAT	LY											EE 1-8	
LAST NAME	т т =			<del></del>	<del></del>	1	1	_	7	F	IRST	NAME	Τ.	1	1 7		<del></del>	_				<u>//                                   </u>	SUFI	IX
MICHN	ER	<u>.</u>			$\perp$					1	0	И	7									2		
									·															
OTE: IF YOU ARE INCLUDIN	G ATTACH	IMENT	rs, do	) NOT	INCL	UDE	ANYT	HING	THAT	BEA	RS YO	OUR S	OCIAL	. SEC	URITY	NUN	BER	OR	FINAN	ICIAL	ACCO	UNT	NUMI	BER
STATUS Check applica	ble block o	r block	(s, mo	re tha	n one	block	may	be ma	rked.	(See	instruc	tions	on pag	je 2)							[]	Che	ck thi	s
A 🔲 Candidate (încli	uding write	⊢in)	c J	<b>F</b>	Public (	Officia	al (Cui	rrent)	D		Public	Emp	loyee (	Curre	nt)	E [			this b				k if y amen	
B Nominee			С	<u></u> Р	Public (	Officia	al (For	mer)	D		Public	Emp	loyee (	Form	er)				are fili olicito				rigina	
PUBLIC POSITION OR PU	JBLIC OFF	FICE (a	admini	strato	r, men	nber,	Comn	nissio	ner, jol	title	etc.)	s	eeking	9		<b>(</b> h	old			held				
SECRE	TA	R	4																					
<u> </u>	.								L		١	П.	eeking	l		 ] h	old			held	1		J	1
		T						Γ	Γ				COVIII	<u> </u>					·	T	T			Ι
		<u> </u>	<u> </u>	L			<b>.</b>	l.,												L	<u> </u>			
GOVERNMENTAL ENTITY	in which yo	u are/w	ere an	Officia	al, Emp	oloyee	, Cano	didate	or Nom	inee (	(e.g., d	ept, aç	jency, a	uthori	ty, boro	ugh, l	board,	com	missio	n, cour	nty, sch	ool di	strict, t	wp, e
MONTG	OM	E	R	4		C	0	J	2	T	4		7	R	A	U	2	P	٥	R	7	A	7	ı
		, <u>'</u>					. <del></del>				· · · · · · · · · · · · · · · · · · ·								<del></del>	J			1	,
																4	U	7	u	0	R	ı	7	Y
OCCUPATION OR PROFE	ESSION (T	his ma	y be th	he sar	me as	block	4)			07 <b>ì</b>	/EAR	SEE	INST	RUCT	IONS.						-			
TRANSPORTA															i5 repre ar year			. [	2	0	<u>, [</u> :	7		
REAL ESTATE INTEREST							IE ob	ook H	sia ha			idic io			Ji yeai	113100	a nere	٠				3	*hr=c	Take 1
REAL ESTATE INTEREST	i di (Occilis	itructio	115 011	paye	2) 11	NON	IE, CII	eck ti	iis bo	A. (2)	•										2	ے 	- 1 hergan	
· · · · · · · · · · · · · · · · · · ·		···-																	- 12			<u> </u>	14 gr 3	_
CREDITORS (See instructi	ions on pag	ge 2). (	Credito	or (Na	me an	d Add	dress)			chec	k this	box.	X						7	inter	est Rat		1 4	1
Name								Add	ress:										ew.	313 215		<b>.</b>	4.154	ora ora
DIRECT OR INDIRECT SOL	IBCES OF	INCOL	ME incl		/hut n	st limit	tod to	مم الم		ont 1	Coo is	etructi	000 00	ng 21	ONLY	- IC N	ONE			<u> 77</u>	FICIA	<b>-</b>	E ON	**************************************
				-	•	_	·				•				chec	k this	s bloc		]  ·	(Or			E ONE	1226
Name: M° MAHON	SCA C	) OC	1 AT	€5	, 11	ن	٠.	Add	ress:	12	5	CO,	JMA	SRC	E	1B	WE		İ		1	,		
							_	f	RT	٠ (	UA.	SNI	Jy 7	32	PP		90	zu						
GIFTS (See instructions o	n page 2)	If NO	NE, cl	heck f	this bo	ox.	X																	
Source of Gift					Г						<u> </u>								·	Van	ue of Gi	п ПГ		
		<u> </u>	<u> </u>																			J.L		
													Circum	nstance	es (inclu	ding d	descrip	tion) o	of Gift					
Address of Source of Gift						rtions	on pa	ge 2)	lf N	ONE,	chec	k this	box.	X					\	/alue				
TRANSPORTATION, LOD	GING, HO	SPITA	LITY	(See	instruc	3110113																		
	GING, HO	SPITA	LITY	(See	instruc	300113	1	F			T	Ι							1	1	T	7 [		
TRANSPORTATION, LOD	GING, HO	SPITA	LITY	(See	instruc																			
TRANSPORTATION, LOD	OR EMPL							e instr	uction	s on t	page 2				k this I	oox.	×				on Held i		fficer, o	directi

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

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

The undersigned hereby to the feature of the least of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescrib

Signature _______ Enter Current Date _______ Enter Current Date

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

#### STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME	MI SUFFIX
WILLIAMS RORERT	LITR
WILLIAMS	
02	Code Area Cada Bhons
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBE	R 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
A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E	Check this block if you are filing as a solicitor block if you are amending an original filing
B	
POBLIC POSITION ON POBLIC OF FIRE (duminos data), manual position on the poblic position on the poblic position on the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of the poblic position of	<u> </u>
A MONTROMERY CO HIGHER EL	DUCATION  a la held
BE HEALTH AUTHORITY	
	and approximate anythin characterist turn ato)
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, box	ard, commission, county, school district, twp, etc.)
A	
В	
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	
Information in Blocks 8 -15 represents disclosure for the calendar year listed h	ere: 2 0 / 7
ADVIGATE DISE FOR	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box	
A.A.	
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	Interest Rate
Name: Address: Address:	
ONLY END	NE, (OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NO check this to	
R. hame we sky Te, Finance work INC. Address: KI PPACK, The	
ILLIAMS-BORGOT-KOKEN FOREN HOME, THE TELEORO, PA-	
11 GIFTS (See instructions on page 2) If NONE, check this box.	Co
Source of Gift	Value of Gift
Address of Source of Gift Circumstances (including de	scription) of Gift
Address of double of our	scription) of Gift
Address of Source of Gift  Circumstances (including deserting to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	scription) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.	value
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.	scription) of Gift
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	Value Position Held (i.e., officer, director,
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)	Value  Position Held (i.e., officer, director, employee, etc.)  Interest Held (i.e., 5%, 10%, etc.)
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  RANGE:  Address OF PROFIT (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 Name and Address of Business	Value  Position Held (i.e., officer, director, employee, etc.)
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  RANGEL HOSPITALITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check	Position Held (i.e., officer, director, employee, etc.)  Phis box. Interest Held (i.e., 5%, 10%, etc.)
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  RANGE AS ABOSE  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business	Position Held (i.e., officer, director, employee, etc.)  Phis box. Interest Held (i.e., 5%, 10%, etc.)  Position Held (i.e., 5%, 10%, etc.)
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Address  Address  Address  Address  Address  If NONE, check this box.  Business INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business  Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)	Position Held (i.e., officer, director, employee, etc.)  This box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subject
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Address Address of Business  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check Business (Name and Address)	Position Held (i.e., officer, director, employee, etc.)  This box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subject
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Address OF DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Address OF DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Address OF DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business  14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Business (Name and Address)  15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information at to the penalties prescribed by 48 Pa C S \$4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act,	Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., officer, director, employee, etc.)  Position Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subject 65 Pa.C.S. §1109(b).
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Business Entity (Name and Address)  Address  Address  Address  Address  Address  Address  Address  If NONE, check this box.  If NONE, check this box.  Business Interest in Any Legal Entity in Business For Profit (See instructions on page 2) If NONE, check Name and Address of Business  15 Business (Name and Address)  Transferee (Name and Address)  Transferee (Name and Address)  The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information at to the penalties prescribed by 48 Pa C S \$4904 (unsworm falsification to authorities) and the Public Official and Employee Ethics Act,	Position Held (i.e., officer, director, employee, etc.)  This box. Interest Held (i.e., 5%, 10%, etc.)  Interest Held Relationship Date Transferred and belief; said affirmation being made subject 65 Pa.C.S. §1109(b).

COMMONWEALTH OF PENNSYLVANI PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX W i Q n ıΤ а s 0 R 02 NO Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this Candidate (including write-in) C Public Official (Current) block if you D Public Employee (Current) Check this block are amending if you are filing as a solicitor Public Official (Former) Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) . seeking 04 hold held е i r е C t O f  $\mathbf{E}$ 0 r m е е С n q n t seeking held hold В 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.) 05 Μ O n C t e 0 m r 0 u n t D £ ₿ b C £ t а OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents **Deputy Director of Emergency Mant** 2 0 1 8 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 🔀 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 ووالقاسنة واوار Name Tri-County Area Federal Credit Union Property of 110 Pottstown Ave, Pennsburg, PA 18073 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, COFFICIAL USE ONLY) Name: Montgomery County 1 PO Box 311, Norristown, PA 19404 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 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director employee, etc.) Address FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (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 (i.e., officer, director, employee, etc.)

Name

Address

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

Name and Address of Business

Business (Name and Address)

Transferee (Name and Address)

Transferee (Name and Address)

The undersigned hereby offices that the faces here to the penalties presc

United States and Employee Ethics Act, 65 Pa.C.S. \$1109(b).

Signatur

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

(3 of 4)

#### **STATEMENT OF FINANCIAL INTERESTS**

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

01	LAST NAME		FIRST NAME MI SUFFIX
	WR16HT		ROBERT
NC	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHIN	G THAT	T BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be n	narked. (	(See instructions on page 2)
	A Candidate (including write-in) C Public Official (Curren	t) D	Public Employee (Current) E Check this block if you
	B Nominee C Public Official (Former		if you are filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissi	ioner, jot	ob title, etc.) seeking hold held
A	COMMERCIALSUF	° E	RVISDR
Ľ			
вГ			
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate	e or Nom	minee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A	BOARD ASSESSME	.  ~	TAPPEALS
٦ ٦		<del></del>	
В			
06	OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS.
Con	MMERCIAL / INDUSTRIAL SUPERVISOR		Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check	this box	ох. 🗌
,	1234 W MARSHALL ST NIRRIS	550	WN PA 19401
09	CREDITORS (See instructions on page 2). Creditor (Name and Address). If	NONE	check this box
	Name: WEIIS FARGO	ddress: (	6061 N. STATE HWY 161 AV Interest Rate VING, TX 75038 2242 6.99%
		IRV.	1,NG, TX 75038 2242
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all		
	Name: A	ddress:	
			日2章 <b>3</b>
11	GIFTS (See instructions on page 2) If NONE, check this box.		
Г	Source of Gift	<del></del>	ValueofGift
	Address of Source of Gift		Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page	2) <b>If N</b> (	NONE, check this box. Value
٢	Source (Name and Address)		
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See in:	- L - L	Position Held (i.e. officer, director.
13	Business Entity (Name and Address)	structions	employee, etc.)
	Name: Ad	dress:	
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROF Name and Address of Business		W/ 1-AFAVETE ST
E			RRISTOWN, PA 19401 25%
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBI		ee instructions on page 2) If NONE, check this box.
	Business (Name and Address)		Interest Held Relationship
			Date Transferred  est of said person's knowledge, information and belief, said affirmation being made subject
to th	ne penalties prescri <u>bed by 19 Do C.S. 84004 (unsworm fol</u> cification to authorities	er and th	.ne Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature		Enter Current Date 4/16/18
	THIS FO	_	E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
		- (3.0	of 4)

#### STATEMENT OF FINANCIAL INTERESTS

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

01	LAST NAME FIRST NAME MI SUFFIX
	wu JEFFREY D
	State Zin Code Area Code Phone
NO	I É∷ #F YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor  Check this block if you are filing as a solicitor
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	INTERNAL AUDITOR
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 MUNTGOMERY
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  1 N TERNAL AUDITOR  07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:  2 0 1 7
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2). Creditor (Name and Address)  If NONE, check this box.  Interest Rec.  Address  Address
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name  Address.
	GIFTS (See instructions on page 2) If NONE, check this box.
11	GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift  Value of Gift
	Address of Source of Gift  Circumstances (including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value  Source (Name and Address)
:	
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Position Held (i.e., officer, director employee etc.)  Position Held (i.e., officer, director employee etc.)
	Name Address - Transcribed up 59/ 109/ etc.
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  If NONE, check this box. Interest Held (Le., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Interest Held Relationship
	Transferee (Name and Address)  e undersigned hi  the penalties pre  Date Transfered  f said person's knowledge, information and belief; said affirmation being made subject by the penalties pre  Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	THIS  Enter Current Date  NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#### COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS PENNSYLVANIA STATE ETHICS COMMISSION A SEC-1 REV 01/18 (717) 783-1610 • TOLL FREE 1 800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX МІ 6 E NOTE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this C Public Official (Current) A Candidate (including write-in) D Public Employee (Current) block if you Check this block are amending if you are filing as a solicitor Nominee Public Official (Former) Public Employee (Former) an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold seeking heid 5 held seeking hold 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.) 05 EATH В OCCUPATION OR PROFESSION (This may be the same as block 4) 06 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 0 Admorata disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. If NONE, check this box. Po Box 49169, AT lauta, GA CREDITORS (See instructions on page 2). Creditor (Name and Address) Interest Rate 14つ。 1 みつ。 Address po Box 650448, Dallas, TX Name: Antx U Bean POBOX 8801, Wilmington, DE DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address: FD Box 311 Name: Martgory Co. Namston, PA 19404 GIFTS (See instructions on page 2) If NONE, check this box. Value of Gill Source of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Helianie. officer, director. OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. [7] Interest Held (i.e., 5%, 10%, etc.)

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

Signature

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

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

Enter Current Date

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME SUFFIX AMS OU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check this block if you are filing block if you B Nominee are amending C Public Official (Former) Public Employee (Former) as a solicitor an original filing PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) **⋈** hold held O 0 seeking hold held В 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.) 05 В 06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents 2 0 disclosure for the calendar year listed here CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Bank of America Address: FL9-600-02-26 Interest Rate P. B. Box 45.124 Jackson J. 16 FL 32232 4.44 % DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Address: P.O.B. x 311 Nomstonn PA 19434-0311 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift -Value of Giff... Address of Source of Gift Circumstances (including description) of Gift,  $|e_{\pm 1}\rangle$ TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Position Held (i.e., officer, director, Business Entity (Name and Address) employee, etc.) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Held Transferee (Name and Address) Relationship The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

(3 of 4)

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

Enter Current Date

<u>-</u>	CL/MMONWEALTH OF PENNSYLVANI A SEC-1 REV. 01/18  STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY  PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-09
01	FIRST NAME MI SUFFIX
_	WIEMAN
02	
_	1018. 1 TO ARE INCEDING AT ACTIMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	Check this
_	B Nominee C Public Official (Former) D Public Employee (Former) if you are filing as a solicitor are amending an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
^	Seeking hold held
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.)
Α	CUUNTY MUNTGUNERY PAN
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
5	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 / 5
08	CREDITORS (See instructions on page 2). Creditor (Name and Address).  Name: Ballar allosiglis - Furiful Address:  Interest Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: PMHCCAddress:
	Temple University
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift
***************************************	Address of Source of Gift  Circumstances (including description) and control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t
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.  Position Held (i.e., officer director, employer tc.)  Business Entity (Name and Address)
14	Address:  FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)  If NONE, check this box.  Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)  Business (Name and Address)  If NONE, check this box.
	Transferee (Name and Address)  Real Transferee (Name and Address)
The to	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signatu Enter Current Date 4/12/18
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.  (3 of 4)

#### STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

, LEASE	FRINT NEATLY	
01 LAST NAME	FIRST NAME MI	SUFFIX
W 0 0 D S	MERRY	
02 ADDRESS office (business or governmental) or home City	State 7:- Code d 2	
NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	IALBEARS YOUR SOCIAL SECURITY NUMBER OF CHANGING AGE	
03 STATUS Check applicable block or blocks, more than one block may be marke		NUMBERS
A 🔀 Candidate (including write-in) — C 🔀 Public Official (Current)	Che	ck this
	The Employee (edition)	ck if you amending
	U :: Public Employee (Former) as a solicitor and	original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title. etc.) seeking hold held	
A JURY COMMISSION	JER	
	seeking Hold held	
BBOARD MEMBER PR	COF. LICENSING	* ' }
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	ominee (e.g., dept, agency, authority, borough, board, commission, county, school di	strict, twp, etc
MONTGOMERY COUR	J Y Y	
		i :
3 COMMONWEALTHOF	PENNSYLVANIA	
OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
JURY COMMISSIONER	Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 / 7	
DB REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this b	por IV	
Name BENEFICIAL BANK (C/L) Address	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	er die gering große Aptari er die Gestern
O DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employ	yment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL US	E ONLY)
Name MONTGOMERY COUNTY Address	check this block. [上兵四号] ということ	
LO BOX 311 NORRISTOWN, PA. 19404		. 9 € 6 
1 GIFTS (See instructions on page 2) If NONE, check this box.		1 may 1 may 1
Source of Gift	Value of Gift	0 marine
	11   1   1   1   1   1   1   1   1   1	
Address of Source of Gift	Circumstances (including description) of Gift	
TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If Source (Name and Address)	NONE, check this box. Value	
3 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on page 2) If NONE, check this box. Position Held (re. of	hoor director
Business Entity (Name and Address)	employee etc.)	icer diecidi
NameAddress		
4 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	e instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%	6. 10%, etc.)
- Carlo Brian (40000 th 50011000		
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER /S	na instruction of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of	
5 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (Se Business (Name and Address)	ee instructions on page 2) If NONE, check this box.	
Transferee (Name and Address)	Relationship	
he undersigned hereby affirms that the foregoing information is true and correct to the be the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and t	est of said person's knowledge information and belief acid officeration belief	nade subject
, , , , , , , , , , , , , , , , , , ,		
Signature	Enter Current Date 4:29-18	
Signature THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE		

#### STATEMENT OF FINANCIAL INTERESTS

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

	MI SUFFIX
01 LAST NAME	FIRST NAME
Y 1	YOUNGAMIIIII
	State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT B	
03 STATUS Check applicable block or blocks, more than one block may be marked. (S	
A Candidate (including write-in) C Public Official (Current) D	Public Employee (Current) E Check this block if you are filing an original filing
B Nominee C Public Official (Former) D	T dollo Ellipoy St.
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job	
A Public Health IN	NY S E
	seeking hold held
В	a custo colonial district bun etc.)
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nomi	nee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
1 Montgomery Count	<u> </u>
BOFFICO OF PUBLI	c Health III
06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents 2 0 / / /
Public Health Nurse	disclosure for the calendar year listed here:
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box	x. <del>X</del>
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE,	check this box.
Name. Address:	
	cent (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employs	
Name Montgomery County Address.	Po Box 311
Name 1	Mistern, PA 19404
11 GIFTS (See instructions on page 2) If NONE, check this box.	Value of Gift
Source of Gift	
	Circumstances (including description) of Gift
Address of Source of Gift	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If	NONE, check this box. X
Source (Name and Address)	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction	ons on page 2) If NONE, check this box. Position Held (i.e., officer, director, employee, etc.)
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	GIRINOY GO. BIOLY
Address:	# NONE check this box. Interest Held (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Se Name and Address of Business	ee instructions on page 2) If NONE, check this box.
Mattre still variess at passions	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S	see instructions on page 2) If NONE, check this box
Business (Name and Address)	Relationship
Transferee (Name and Address)  The undersigned bereity affirms that the foregoing information is true and correct to the beautiful to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	pest of said person's knowledge, information and belief, said affirmation being made subject the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
to the penalties preso	412712018
Signatui	/E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.
THIS F	/E IS NOT COMPLETED. MAKE A COFT FOR TOOK RESONDS.

#### STATEMENT OF FINANCIAL INTERESTS

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

	FIRST NAME	MI SUFFIX
01 LAST NAME V O U N G	MEGAN	
02	Civi. Tie Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTH	HING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINAN	NCIAL ACCOUNT NUMBERS.
O3 STATUS Check applicable block or blocks, more than one block may be a Candidate (including write-in) C Public Official (Cur B Nominee C Public Official (For	be marked. (See instructions on page 2)  rrent) D Public Employee (Current) E Check this if you are fill as a solicitor.	Check this block if you are amending an original filing
PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Common A P H E P C O O R D 1 N A	missioner, job title, etc.) seeking W hold   TOR hold  seeking Hold	held
BEMERGENCY MAN	AGER	
OS GOVERNMENTAL ENTITY in which you are/were an Official, Erriployee, Canada Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Marketta Markett	ididate or Nominee (e.g., dept, agency, authority, borough, board. commissi	H & A L T H
BFLEETWOOD BOR	10 U G H 1	
OCCUPATION OR PROFESSION (This may be the same as block 4)  HEP COXCIDATOL/  FOCAL INTROL INCL. MANAGET	07 YEAR SEE INSTRUCTIONS.  Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 1 7
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, cl	heck this box.	
O9 CREDITORS (See instructions on page 2). Creditor (Name and Address Name: Diamond Credit Union	POTISTOWN Pa.	interest Rate  2 . 99 %  (OFFICIAL USE ONLY)
DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to Name Mont gomery County Penn State Hersney	Address PO BOX 311 Novision Pa 19  500 UNIVERSITY Dr. HEISTRY Pa 17	404 8
11 GIFTS (See instructions on page 2) If NONE, check this box.		Value of Gift
Source of Gift  Address of Source of Gift	Circumstances (including description) of 6	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on	page 2) If NONE, check this box.	Value 1.3
Source (Name and Address)		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (\$ Business Entity (Name and Address)	See instructions on page 2) If NONE, check this box.	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)  Name:	Address:	Interest Hold (i.e., 5%, 10%, etc.)
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR Name and Address of Business	PROFIT (See instructions on page 2) If NONE, check this box. [	<u>Y</u> micrest risid (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY M Business (Name and Address)	MEMBER (See instructions on page 2) If NONE, check this box. Interest I Relation: Date Tra	ship
Transferse (Name and Address)  The undersigned the first that the foregoing information is true and co	and to the best of said person's knowledge information and belief; s	said affirmation being made subject
to the penalties p	orities) and the Public Official and Employee Ethics Act, 65 Pa.C.S.  Enter Current Date	4/26/2018
Sign:	CK ABOVE IS NOT COMPLETED. MAKE A COPY FOR Y	YOUR RECORDS.
THI	(3 of 4)	\/1

### a. creditors

- -First Mark Services Interest Rate 6.91% (School Xoan)
  P.O. Box 82522
  Xincoln NE 68501-2522
- Wells Fargo Interest Rate 0% (personal loan)
  420 Montgomery Street
  5an Francisco, CA 94104

#### 10. Income

City of Reading 815 Washington St. Reading Pa 19401

2010 HAY -1 PH 2: 08

## STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY

	FLEASE PRINT NEATLY
01	LAST NAME FIRST NAME MI SUFFIX
	ZELLERS
02	ADDRESS office (business or governmental) or home City State Zin Code Area Code
	ADDRESS of governmental) or home City State Zip Code Area Code Phone
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) E Check this block if you are filing as a solicitor an original filing
04	
A [	$N \neq 0 \neq 0 \neq 0 \neq 0 \neq 0 \neq 0 \neq 0 \neq 0 \neq 0 \neq $
í. ľ.	BIREC/OR OF COMMERCE
ľ.	seeking hold held
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.)
Α [	COUNTY OF MONTSONERY
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR SEE INSTRUCTIONS.
$\mathcal{D}_{i}$	Information in Blocks 8 -15 represents
08	disclosure for the calendar year instea here:
00	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
11	Name: U.S. Department of Education  Federal State of Archivers And Varies by Ioan  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: Pennsylvaria Dompton Commerce Address: C.D. M. 3-2 Street, Harryburg, Physika  (Carry of Monty Mary One Monty one), 24 (144)  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
٦	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Displayer etc.)  Position Haute, officer, diffactor, amployee, etc.)
	Name: Address:
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)  Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.  Business (Name and Address)
	Transferee (Name and Address)  Relationship Date Transferred
The to the	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject a penalties prescribed by 18 Pa.C.S. §4904 (unsworp falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Enter Current Date (34/27/2018
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLUCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

#### STATEMENT OF FINANCIAL INTERESTS

01	LAS	TNAME													FIR	ST N	AME										MI	SUFFIX	_
	7	' K	Ь	5	K	ì									[p]	۵	ν	1	2										
02	ADDR	RESS of	ice (bus	iness	or	gover	ากราช	ntal)	or ho	me			City			•				S	tate	Zip	Code	<del></del>	Area (	Code	1	hone	
NO	TE: IF	YOU AR	E INCLU	DING	AT!	ACHI	MEN'	TS, D	O NO	TINCL	UDE	ANYI	rhing	THAT	BEARS	YOU	JR S	OCIA	L SE	CUR	TY N	JM8E	ROR	FINA	NCIAL	AGC	TNUC	NUMBE	RS.
03	STAT	us c	heck app	olicable	e blo	ck or	bloc	ks, mo	ore the	an one	bloc	k may	be ma	arked. (	See ins	tructi	ons	on pa	ge 2	)		<u> </u>					Che	ck this	
	A B	Γ-1	ndidate ( minee	includ	ling v	write-i	in)	c c		Public Public		•	,	D D				loyee loyee	•		E		if you	this are fil olicite			bioc are a	k if you imendin riginal f	
04	PUBL	IC POS	TION O	R PUB	LIC	OFFI	ICE (	admin	istrato	or, me	mber,	Com	missio	ner, jot	title, e	tc.)	] ₈	eekin	g		V	hold			held				
Α	0 6	<u>_</u> _e_	[ r		+	١	0	V	5		5	ų	8	e_	r	1 1	)	5	0	[									
ľ		·	· · · · · · · · · · · · · · · · · · ·	1		*		7	1		T		,	1		[	_] s	eekin	g			hold			held	.,	,		
В			<u> </u>										<u> </u>					- II-rwuniu			ļ						<u> </u>		
05	GOVE	RNMEN	TAL ENT	ITY in	whic	h you	are/v	vere ar	n Offici	ial, Em	ploye	e, Can	didate (	or Nom	inee (e.	)., dep	ot, ag	ency,	autho	ority, b	orougi	n, board	i, com	missio	n, cou	nty, so	hool dis	trict, twp	, etc.)
A	W 0	<u>                                      </u>	1	ט		W	e	۲	4		6	Q	W	V	+	Y.		Y	D	u	1	1		0	e	Λ	ት	21	`
в					Τ				<u> </u>						T	+					1	Ī	Γ	T		[			
06	occu	PATIO	OR PR	OFES	SIO	N (Thi	is ma	y be t	the sa	me as	block	k 4)		<u> </u>	07 <b>YE</b> .	AR	SEE	INST	rRUG	TION	IS.		<u> </u>				<u> </u>		
	00	)0 FV,	+ĩ o r	ر بر	5.	. 6	0.0	J. T	بدائ			ŕ			Info	ormati	íon ìi	n Bloc	ks 8	-15 re	prese	ents ted her	e:	2	0				
08	REAL	ESTAT	EINTER								f NO!	NE, ch	eck th	his box		_													
09	CRED	ITORS (																											
			See inst	ruction	is or	page	⊋ 2).	Credit	tor (Na	ame ar	nd Ad	dress	) If N	ONE.	check t	his b	οx.	V	_	·				<u> </u>				·····	
	Name		See inst				⊋ 2).	Credit	tor (Na	ame ar	nd Ad	ldress)		iONE,	check (	his b	ox.	<b>Y</b>							Inter	est Ra	te		
	Name							· ·					Add	ires <u>s</u>					_						Inter	rest Ra	te		
10	Name							· ·					Add	ires <u>s</u>					1 pg.	2) <b>O</b> I	NLY IF	NONE	ck.					ONLY)	
10	Name							· ·					Add ; ) all em	ires <u>s</u>					ı pg.	2) Of ch	NLY IF	NONE his blo	ck.				L USE	ONLY)	
10	Name:							· ·					Add ; ) all em	nploym					ı pg.	2) OI ch	NLY IF	NONE	ck.					ONLY)	
10	Name: DIREC	T OR IN		SOUR	CES	OF IN	NCOI	ME inc	duding	- (but n	oot lim	ited to	Add ; ) all em	nploym					1 pg.	2) Of ch	NLY IF	NONE his blo	ck.		O VOTER	FFICIA Vig	2018 APR	ONLY)	
	Name: DIREC Name:	T OR IN	DIRECT	SOUR	CES	OF IN	NCOI	ME inc	duding	- (but n	oot lim	ited to	Add ; ) all em	nploym					11 pg.	2) OF ch	NLY IF	NONE his blo	ck.		O VOTER SE	FFICIA Vig	2018 APR	ONLY	<b>3</b>
	Name: DIREC Name:	T OR IN	DIRECT	SOUR	CES	OF IN	NCOI	ME inc	duding	- (but n	oot lim	ited to	Add ; ) all em	nploym				ons or		ch	neck t	NONE bis blo	ck.		O VOTER SE	FFICIA Vig	2018 APR		<b>3</b>
	Name  DIREC  Name  GIFTS Source	T OR IN	DIRECT	SOUR	CES	OF IN	If NC	ONE, C	heck	(but n	oot lim	ited to	Add ) all em	nployma	ent. (Se	e inst	Iruction	ons or		ch	neck t	his blo	ck.		O VOTER SERVI	FFICIA Vig	AL USE 2018 APR J PM :		<b>3</b>
11	DIREC Name GIFTS Source Address of	T OR IN	DIRECT :	sour	CES	OF IN	If NC	ONE, C	heck	(but n	oot lim	ited to	Add ) all em	nployma	ent. (Se	e inst	Iruction	ons or		ch	neck t	his blo	ck.	of Gift	O VOTER SERVI	FFICIA Vig	AL USE 2018 APR		<b>3</b>
11 [	DIREC  Name  GIFTS Source  Address of TRAN: Source	T OR IN  (See ir of Gift  of Source  SPORT. (Name as	istruction of Gift	SOUR	CES page	OF IN	If NC	DNE, c	heck	this b	ctions	s on pa	Add Add Add Add Add Add Add Add Add Add	Iress:	ent. (Se	e inst	truction	Circur	mstar	ch	neck ti	g descri	ck.	of Gift	O VOTER SERVICES	Y of G	2018 APR 1 PM 1:49		
11	DIREC Name GIFTS Source Address of TRANS Source OFFIC	T OR IN  G (See in of Gift  of Source  SPORT, (Name and SEE, DIRE	DIRECT :	ODGI	Dage R EM	OF IN	If NC	DNE, c	heck	this b	ctions	s on pa	Add Add Add Add Add Add Add Add Add Add	Iress:	ent. (Se	e inst	truction	Circur	mstar	ch	neck ti	g descri	ck.	of Gift	VOTER SERVICES	Y of G	AL USE 10 10 10 10 10 10 10 10 10 10 10 10 10		
11	DIREC Name GIFTS Source Address Address OFFIC Busine Name	T OR IN  (See in of Gift  of Source  SPORTA (Name and SPORTA) (Name and SPORTA)	of Gift ATION, L ATION, L OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMM	ODGI	CES  Dage	OF IN	If NC	NE, c	Check (See	this b	ctions	e on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	If NC	DNE, ch	e inst	this	Circur	nstar , che	ch ch ch ch ch ch ch ch ch ch ch ch ch c	eeck ti	g descri	cotion) (	or die	VOTER SEE VICE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2018 APR (de. of	Icer, direct	otor.
11	Name  DIREC  Name  GIFTS Source  TRAN: Source  OFFIC Busine Name:	T OR IN  S (See ir of Gift  of Source  SPORT. (Name and SPORT) (Name and SPORT) (Name and SPORT) (Name and SPORT) (Name and SPORT)	istruction of Gift ATION, L	ODGI	CES  Dage	OF IN	If NC	NE, c	Check (See	this b	ctions	e on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	If NC	DNE, ch	e inst	this	Circur	nstar , che	ch ch ch ch ch ch ch ch ch ch ch ch ch c	eeck ti	g descri	cotion) (	or die	VOTER SEE VICE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2018 APR (de. of		otor.
11	DIREC Name GIFTS Source Address of TRAN: Source OFFIC Busine Name:	T OR IN  G (See in of Gift  of Source  SPORT, (Name as Entity  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICIAL IN  ICI	of Gift ATION, L d Address (Name a	ODGI	CES  Dage  NG,	OF IN HOS	PITA	NE, c	See I ANY	this b	ctions	s on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	If NC	DNE, ch	e inst	if N	Circur box.	, che	ch ck th	is box	g descri	box		VOTER SEE VICE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2018 APR (de. of	Icer, direct	otor.
11	DIREC  Name  GIFTS Source  Address of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the so	T OR IN  G (See in of Gift  of Gift  SPORT. (Name an of See Sentition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of Addresses Entition of EESS IN ass (Name	of Gift  ATION, L  ATION, L  ATION S  CTORSI  / (Name a  TEREST  and Address	ODGI ODGI ODGI ODGI ODGI ODGI ODGI ODGI	CES  Dage  NG,	OF IN HOS	PITA	NE, c	See I ANY	this b	ctions	s on pa	Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	If NC	DNE, ch	e inst	if N	Circur box.	, che	ch ck th	is box	g descri	box box	of Girls	Positive emplo	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2018 APR (de. of	Icer, direct	otor.
11 12 13 14 15 The	DIREC  Name  GIFTS Source  Address  Address  FINAN Name  BUSIN Busines Transferundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersigundersi	T OR IN  G (See in of Gift  of Source  SPORTA (Name an of See Sentite  CIAL IN ond Addre  IESS IN as (Name ree (Name gned her	of Gift  ATION, L d Address  CTORSI / (Name a  TEREST and Addres e and Addres	ODGI ODGI ODGI ODGI ODGI ODGI ODGI ODGI	CES  Dage  NG,	OF IN HOS	PITA	NE, c	See I ANY	this b	ctions	s on pa	Add  Add  Add  Add  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Add	If NC	ONE, ch	persuitions of	this If N	Circur  box.  IONE,	che If	ch ck th	is box	g descri	s box	c. In standard of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution o	Position affirm	an Held	(i.e., of	Icer, direct	otor.
11 12 13 14 15 The	DIREC  Name  GIFTS Source  Address of TRANS Source  OFFIC Busine Name  FINAN Name a  BUSIN Busines Transfer	T OR IN  G (See in of Gift  of Source  SPORTA (Name an of See Sentite  CIAL IN ond Addre  IESS IN as (Name ree (Name gned her	of Gift  ATION, L d Address  CTORSI / (Name a  TEREST and Addres e and Addres	ODGI ODGI ODGI ODGI ODGI ODGI ODGI ODGI	CES  Dage  NG,	OF IN HOS	PITA	NE, c	See I ANY	this b	ctions	s on pa	Add  Add  Add  Add  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Addre  Add	If NC	DNE, ch	persuitions of	this If N	Circur  box.  IONE,	che If	ch ck th	is box	g descri	s box	c. In standard of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Conships of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution of Grant Constitution o	Position affirm	an Held	(i.e., of	icer, direct	otor.
11 [ [ 12 ] [ 13 ] 14 ] 15   The	DIREC  Name  GIFTS Source  Address of TRAN: Source  OFFIC Busines  FINAN Name a  BUSIN Busines Transferundersige penaltii	T OR IN  G (See in of Gift  of Source  SPORTA (Name an of See Sentite  CIAL IN ond Addre  IESS IN as (Name ree (Name gned her	of Gift  ATION, L d Address  CTORSI / (Name a  TEREST and Addres e and Addres	ODGI ODGI ODGI ODGI ODGI ODGI ODGI ODGI	CES  Dage  NG,	OF IN HOS	PITA	NE, c	See I ANY	this b	ctions	s on pa	Add Add Add Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	If NC  If NC  See in the best and the	ONE, ch	person official	If N	Circur  box.  ONE,  age 2)	if ledge	ch ck th NONE	is box	g descri	belief	st Heldonshipping; said	Position affirm 109(b)	m Held	AL USE APR (i.e., of	icer, direct	otor.

COMMONWEALTH OF PENNSYLVANI STATEMENT OF FINANCIAL INTERESTS A SEC-1 REV. 01/18 PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY 01 LAST NAME FIRST NAME MI SUFFIX 2 5 ŧ e e 1 M 02 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. 03 Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this D Public Employee (Current) A Candidate (including write-in) C Public Official (Current) block if you Check this block are amending C Public Official (Former) if you are filing Public Employee (Former) an original filing as a solicitor PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held Seeking hold 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.) 05 В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS Information in Blocks 8 -15 represents Technician lannine 2 0 ₽ disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: 2401 International Ln Name: Great Lakes Interest Rate 3.40% 3.86% Madron WI 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: Montgomery County Address 425 Swede St Planning Commission GIFTS (See instructions on page 2) If NONE, check this box. 39 Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Cift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address)  $\boldsymbol{\omega}$ OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 Position Held (i.e., officer, director, Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties pr ่ ปีโต Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

Enter Current Date

OT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Signa

THIS

Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee etc.) Business Entity (Name and Address) Address Interest Held (i.e., 5%, 10%, etc.) 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 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Hold Business (Name and Address) Relationship Date Transferred Transferee (Name a est of said person's knowledge, information and belief; said affirmation being made subject The undersigned herek the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b) to the penalties prescri Enter Current Date Signature E IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS. THIS FO  $\overline{(3)}$  of 4)

Statement of Financial Interests – Attachment to supplement Items # 9 and # 10

#### Item #9 continued:

Creditor:

Interest Rate:

ACS

6.5%

P.O. Box 7051

Utica, NY 13504-7051

#### Item #10 continued:

Belmont Center for Comprehensive Treatment 4200 Monument Road Philadelphia, PA 19131

County of Montgomery Courthouse Norristown, PA 19404

East Norriton Plymouth Whitpain Joint Sewer Authority Plymouth Meeting, PA 19462

WEBER GALLAGHER One Montgomery Plaza 425 Swede Street Norristown, PA 19401 2018 APR 30 AH 9: 53

42