

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

ARKOOSH VALERIE A



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

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

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

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

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

A COUNTY COMMISSIONER  seeking  hold  held

B

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

A MONTGOMERY COUNTY

B

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

County Commissioner Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2017

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

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

Name: Address: Interest Rate:

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

Name: Merrill Lynch Investment Account Address: 101 Awardale Blvd, Exton, PA 19341

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

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

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

Source (Name and Address): Value:

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

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

Montgomery City Local Board - United Way of Chester, PA & Southern NJ - Philadelphia, PA  
Delaware Valley Regional Planning Commission - Philadelphia, PA

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

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

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

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

Transferee (Name and Address):

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

Signature: [Redacted] Enter Current Date: 4/4/2018

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

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX  
A R K O O S H V A L E R I E A

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
P O B O X 3 1 1 N o r r i s t o w n P A 1 9 4 0 4 ( 6 1 0 ) 2 7 8 - 3 0 3 1

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

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

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

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

B C O U N T Y C O M M I S S I O N E R  seeking  hold  held

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

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

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

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.  
C o u n t y C o m m i s s i o n e r 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.  Interest Rate

Name: Address:

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

Name: M e r v i l l L y n c h I n v e s t m e n t A c c o u n t Address: 1 0 1 A r r a n d a k e B l u d E x t o n , P A 1 9 3 4 1

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

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

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

Source (Name and Address)

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

Business Entity (Name and Address) *D e l a w a r e V a l l e y R e g i o n a l P l a n n i n g C o m m i s s i o n - P h i l a d e l p h i a , P A*

Name *M o n t g o m e r y C o u n t y L o c a l B o a r d - U n i t e d T o w n s h i p o f C r e a k e r P u l k & S E N J*

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Name and Address of Business

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

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

Signature *V. Altes* Enter Current Date *3/4/2019*

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# STATEMENT OF FINANCIAL INTERESTS

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01 LAST NAME FIRST NAME MI SUFFIX  
A R K O O S H V A L E R I E A

02 ADDRESS office (business or governmental) or home City Norristown State PA Zip Code 19404 Area Code (610) Phone 278-3031  
P.O. BOX 311

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

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

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

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.   
Name: Address: 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: Merrill Lynch Investment Account Address: 101 Ardendale Blvd  
EXTN, PA 19391 (OFFICIAL USE ONLY)

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

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

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

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

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

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 85 Pa.C.S. §1109(b).

Signature *Valerie Arkooosh* Enter Current Date 8/13/20

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Wages and Taxes

WeekNumber: 52      PayDate: 01/02/2018      QtrAdjustment: N      Process Date: 01/02/2018  
Payroll Nbr: 2      PeriodEndDate: 01/02/2018      Quarter/Year: 4/2017      BatchNumber:

Gross Wages: 90846.07

SUI/SDITaxCode: 40 PA

Deferred Comp Type:

Prior Pay Group:

PriorSUI/SDITaxCode:

Prior Deferred Comp Type:

PriorFileNumber:

Taxes

	Amount	Prior Amount
Federal Tax	6448.64	
Social Security Tax	4886.18	
Medicare Tax	1142.74	

Taxables with Limits

	Amount	Prior Amount
Social Security Taxable	78809.43	
Medicare Taxable	78809.43	

Wages and Taxes

WeekNumber: 53      PayDate: 12/31/2018      QtrAdjustment: N      Process Date: 12/31/2018  
Payroll Nbr: 1      PeriodEndDate: 12/31/2018      Quarter/Year: 4/2018      BatchNumber:

Gross Wages: 90846.08

SUI/SDITaxCode: 40 PA

Deferred Comp Type:

Prior Pay Group:

PriorSUI/SDITaxCode:

Prior Deferred Comp Type:

PriorFileNumber:

Taxes

	Amount	Prior Amount
Federal Tax	5177.67	
Social Security Tax	4886.19	
Medicare Tax	1142.74	

Taxables with Limits

	Amount	Prior Amount
Social Security Taxable	78809.44	
Medicare Taxable	78809.44	

Wages and Taxes

WeekNumber: 52      PayDate: 12/30/2019      QtrAdjustment: N      Process Date: 12/30/2019  
Payroll Nbr: 2      PeriodEndDate: 12/30/2019      Quarter/Year: 4/2019      BatchNumber:

Gross Wages: 90846.08  
SUI/SDITaxCode: 40 PA      Deferred Comp Type:      Prior Pay Group:  
PriorSUI/SDITaxCode:      Prior Deferred Comp Type:      PriorFileNumber:

Taxes

	Amount	Prior Amount
Federal Tax	5066.36	
Social Security Tax	4885.88	
Medicare Tax	1142.66	

Taxables with Limits

	Amount	Prior Amount
Social Security Taxable	78804.44	
Medicare Taxable	78804.44	

YTD 2020

Wages and Taxes

WeekNumber: 48      PayDate: 11/27/2020      QtrAdjustment: N      Process Date: 11/24/2020  
 Payroll Nbr: 1      PeriodEndDate: 11/27/2020      Quarter/Year: 4/2020      BatchNumber: 2393

Gross Wages: 83857.92

SUI/SDITaxCode: 40 PA

Deferred Comp Type:

Prior Pay Group:

PriorSUI/SDITaxCode:

Prior Deferred Comp Type:

PriorFileNumber:

Taxes

	Amount	Prior Amount
Federal Tax	4645.38	
Social Security Tax	4532.48	
Medicare Tax	1060.01	

Taxables with Limits

	Amount	Prior Amount
Social Security Taxable	73104.46	
Medicare Taxable	73104.46	

CO FILE DEPT CLOCK VCHR NO  
MUC 004608 004010 0000130083

# Earnings Statement

Period Beginning: 03/20/2021  
Period Ending: 04/02/2021  
Pay Date: 04/02/2021

County of Montgomery  
Treasurer's Office  
425 Swede Street  
Norristown, PA 19404-0311

Taxable Marital Status: Married  
Employee ID [REDACTED]

**VALERIE A ARKOOSH**  
[REDACTED]

Earnings	rate	hours	this period	year to date	Important Notes
Regular	34.9400		3,494.08		
<b>Gross Pay</b>			\$ 3,494.08	24,458.56	

Deductions	Statutory		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Other Benefits and Information	this period	year to date

Other	
*Pension	174.70-
*Pre Omop Reserv	27.50-
*Med Pretax 3	460.73-
<b>Net Pay</b>	\$ 2,287.16
Checking	2,287.16-
<b>Net Check</b>	\$ 0.00

Note: This is only a record of a prior payment/adjustment. This is not an image of the actual statement. The actual statement may be found in iReports/iPay.

County of Montgomery  
Treasurer's Office  
425 Swede Street  
Norristown, PA 19404-0311

**Advice number:** [REDACTED]  
Period Beginning: 03/20/2021  
Period Ending: 04/02/2021  
Pay Date: 04/02/2021  
Employee ID: [REDACTED]

Pay to the order of	<b>VALERIE A ARKOOSH</b>
This Amount:	<b>NO AND 00/100 DOLLARS</b> <span style="float: right;"><b>\$0.00</b></span>

**NON-NEGOTIABLE**  
(THIS IS NOT A CHECK)