CITY OF PHILADELPHIA

MAYOR'S EXECUTIVE ORDER

FINANCIAL DISCLOSURE STATEMENT

Completed forms will be available for public inspection and copying during regular office hours and anytime online

☐ AMENDED STATEMENT

INSTRUCTIONS: Complete the entire form. Type or print in ink. **Enter your name on each page.**
This form should be completed on line at https://fds.phila-records.com/FDS/FDLogin.aspx
Attach additional 8-1/2" x 11" sheets if necessary, identifying each item by number.
Send completed forms to Department of Records, Room 156, City Hall, Philadelphia, Pennsylvania 19107.
Detailed **Instructions** are attached.

1. LAST NAME | FIRST NAME | MI | SUFFIX

2. CITY DEPARTMENT / AGENCY

3. JOB TITLE

4. OFFICE ADDRESS

5. BUSINESS ADDRESS *(IF APPLICABLE)*

6. SPOUSE OR LIFE PARTNER NAME AND OCCUPATION OR PROFESSION

7. DEPENDENT CHILD(REN) *NAME(S) AND OCCUPATION(S) OR PROFESSION(S).*

REMEMBER: You must provide the following information on financial interests held during the previous calendar year by you and, if applicable, by a member of your immediate family. Check in each of the first columns below the person to whom the item applies.

8. SALARY, WAGES AND FEES: List all sources of income in the form of salary, wages, fees and other compensation for service received by you or members of your immediate family during the previous calendar year, as described in attached **Instructions.** If none, check this box: ☐

CHECK (✓)			SOURCE AND ADDRESS	NATURE OF BUSINESS	NATURE OF SERVICE RENDERED	AMOUNT
YOU	SPOUSE OR LIFE PARTNER	CHILD				

1. LAST NAME	FIRST NAME	MI	SUFFIX

9. INCOME FROM PROPERTY, BUSINESS, PARTNERSHIP OR OTHER ENTITY: List sources from which $500 or more was received by you or a member of your immediate family during the previous calendar year, as described in attached **Instructions**. If none, check this box: ☐

CHECK (✓)			SOURCE AND ADDRESS	NATURE OF BUSINESS	AMOUNT
YOU	SPOUSE OR LIFE PARTNER	CHILD			

10. GAINS ON PROPERTY OR INVESTMENTS; List gains *(sale prices minus purchase price)* which equal or exceed **both** $500 **and** 5% of the purchase price, received by you or a member of your immediate family during the previous calendar year. See **Instructions**. If none, check this box: ☐

CHECK (✓)			PROPERTY OR INVESTMENT	AMOUNT OF GAIN
YOU	SPOUSE OR LIFE PARTNER	CHILD		

11. GIFTS AND HONORARIA: **Do not** list gifts exchanged among certain family members (see **Instructions**). **Do list** all other sources of $200 or more (*in the aggregate during the previous calendar year.)* in gifts or honoraria received by you, or a member of your immediate family. Gifts include transactions in which you received at least $200 more in value compared to what you paid or exchanged. See **Instructions.** If none, check this box: ☐

CHECK (✓)			NAME AND ADDRESS OF SOURCE	DESCRIPTION GIFTS OR HONORARIA	AMOUNT OR VALUE
YOU	SPOUSE OR LIFE PARTNER	CHILD			

1. LAST NAME	FIRST NAME	MI	SUFFIX

12. OFFICE AND DIRECTORSHIPS: List all such positions in any entity or association, whether for profit or not for profit, held by you or a member of your immediate family during the previous calendar year.
See **Instructions.** If none, check this box: ☐

CHECK (✓)			SOURCE AND ADDRESS	NATURE OF BUSINESS	POSITION HELD
YOU	SPOUSE OR LIFE PARTNER	CHILD			

13. COMPLETE ONE **AND ONLY ONE** OF THE FOLLOWING CERTIFICATIONS. See **Instructions.**

A. CERTIFICATION

Information on this form represents disclosure for previous calendar year 20 ____ .

I HEREBY CERTIFY that to the best of my knowledge all statements contained herein are true and correct. The financial interests reported include, where applicable, those held by me or members of my immediate family. **I FURTHER CERTIFY** that during the previous calendar year, no financial interest held by me, or if applicable, by members of my immediate family, was the subject of any decision made by me in my official capacity.

Signature _____ *Date* _____

B. CERTIFICATION

Information on this form represents disclosure for previous calendar year 20 ____ .

I HEREBY CERTIFY that to the best of my knowledge all statements contained herein are true and correct. Despite my best efforts, I have been unable to provide complete information as to financial interests held by members of my immediate family. **I FURTHER CERTIFY** that during the previous calendar year, no financial interest held by me, or, to the best of my knowledge, by a member of my immediate family, was the subject of any decision made by me in my official capacity.

Signature _____ *Date* _____

NOTE: A willful failure to disclose properly the financial interest of you and your immediate family, as required by the Mayor's Executive Order, may result in removal from your City position.