CITY OF PHILADELPHIA

STATEMENT OF FINANCIAL INTERESTS

PHILADELPHIA BOARD OF ETHICS
DEPARTMENT OF RECORDS
ROOM 156, CITY HALL
PHILADELPHIA, PA 19107

All Statements of Financial Interests shall be made available for public inspection and copying during regular office hours.

INSTRUCTIONS: Complete the entire form. Type or print in ink. Clearly enter your name in the space provided. Attach additional 8-1/2" x 11" sheets if necessary, identifying each item by number.

☐ **AMENDED STATEMENT**

1. LAST NAME | FIRST NAME | MI | SUFFIX

2. STREET ADDRESS | CITY | STATE | ZIP CODE

CITY DEPARTMENT / AGENCY / COMMISSION / BOARD | 3. TELEPHONE NUMBER

4. NAME OF PUBLIC POSITION OR PUBLIC OFFICE YOU HOLD/HELD | 5. OCCUPATION OR PROFESSION

REMEMBER: Items 6 THROUGH 12 - All information concerns the PRIOR CALENDAR YEAR. NO DOLLAR AMOUNTS are required except in Item 9. If answer is NONE, check the box where indicated. Information must be included for the filer only and not family members.

6. REAL ESTATE INTERESTS: List any direct or indirect interest in any real estate as described in attached **Instructions**. If none, check: ☐

ADDRESS	NATURE OF INTEREST

7. CREDITORS: List each loan or debt over $5000 and the interest thereon as described in attached **Instructions.** If none, check: ☐

CREDITOR	ADDRESS	INTEREST RATE

8. DIRECT OR INDIRECT SOURCES OF INCOME: List all sources of $500 or more as described in attached **Instructions.** If City is a source, list City. If none, check: ☐

SOURCE OF INCOME	ADDRESS

9. GIFTS: List sources of gifts with an aggregate value of $200 or more as described in attached **Instructions.** If none, check: ☐

SOURCE OF GIFT | ADDRESS

VALUE OF GIFT | CIRCUMSTANCES OF GIFT

10. HONORARIA: List sources over $100 described in attached **Instructions.** If none, check: ☐

SOURCE OF HONORARIA | ADDRESS OF SOURCE

11. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ORGANIZED FOR PROFIT: If none, check: ☐

BUSINESS	POSITION HELD

12. FINANCIAL INTEREST IN ANY BUSINESS ORGANIZED FOR PROFIT: (See attached **Instructions.**) If none, check: ☐

THIS FORM MUST BE SIGNED *AND* **DATED** *IN ORDER TO BE ACCEPTED.*

Information represents disclosure for the prior calendar year _____. False statements made herein are punishable as authorized by Section 20-612 of the Philadelphia Code and are subject to the penalties prescribed for perjury set forth in 18 Pa. C.S. § 4904.

Signature _____ Date _____

Clear This Form

Print This Form