

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
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2. STREET ADDRESS	CITY	STATE	ZIP CODE
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CITY DEPARTMENT / AGENCY / COMMISSION / BOARD	3. TELEPHONE NUMBER
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4. NAME OF PUBLIC POSITION OR PUBLIC OFFICE YOU HOLD/HELD	5. OCCUPATION OR PROFESSION
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**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: <input type="checkbox"/>	
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: <input type="checkbox"/>		
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: <input type="checkbox"/>	
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: <input type="checkbox"/>	
SOURCE OF GIFT	ADDRESS
VALUE OF GIFT	CIRCUMSTANCES OF GIFT

10. HONORARIA: List sources over \$100 described in attached Instructions. If none, check: <input type="checkbox"/>	
SOURCE OF HONORARIA	ADDRESS OF SOURCE

11. OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ORGANIZED FOR PROFIT: If none, check: <input type="checkbox"/>	
BUSINESS	POSITION HELD

12. FINANCIAL INTEREST IN ANY BUSINESS ORGANIZED FOR PROFIT: (See attached Instructions.) If none, check: <input type="checkbox"/>	
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**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 \_\_\_\_\_