



Schmidt, Al
Phila City Controller
State Form
Filing Year: 2008

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
SCHMIDT AL

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
3927 HENRY AVENUE PHILADELPHIA PA 19129 (215) 680-4094

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) 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 CITY CONTROLLER
 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 CITY CONTROLLER
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
CANDIDATE 2008

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

09 CREDITORS (See instructions on page 2). If NONE, check this box.
Creditor SEE ATTACHED Interest Rate SEE ATTACHED

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box.
Name Address SEE ATTACHED OFFICIAL USE ONLY 2008

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 Position Held

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

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.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Current Date

3/16/09

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED.

**STATEMENT OF FINANCIAL INTERESTS
ATTACHMENT**

BOCK 8

3927 Henry Avenue, Philadelphia, PA 19129
2601 Pennsylvania Avenue, Philadelphia, PA 19130

BLOCK 9

American Express
Nordstrom fsb
T.H.E. Consol USB as Trustee
T.H.E. Consol USB as Trustee

INTEREST RATE

27.22%
7.9%
2.875%
6.970%

BLOCK 10

Morgan, Lewis & Bockius
Philadelphia Republican City Committee
Arena Strategies
Albert & Ruth Schmidt (2601 Pennsylvania Ave., Phila., PA 19130)
Federal Employees Retirement System (FERS)
Federal Thrift Savings Plan

220251

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