STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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01	OI BELTA	MI SUFFIX
02	02 ADDRESS office (business or governmental) or home PLIO E. ECID AVI.	Code 537-6700
NC	NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL	ACCOUNT NUMBERS.
03	03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)	Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor	block if you are amending an original filing
04	04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A [Administrator	
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В	В	
05 r	05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, cou	inty, school district, twp, etc.)
Α	^ COMMUNITY ACHOEMY OF Phila	
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06	06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.	,
	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	18
08	08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.	100
09	09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.	
		rest Rate
10		FFICIAL USE ONLY)
	Name: Community Academy of Phila Address: 1100 F. Efte AVE	
	Notice Continuing of the Address: 1100 V Detection	
11	11 GIFTS (See instructions on page 2) If NONE, check this box.	
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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME			FIRST N	AME					MI	SUFFIX
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02	ADDRESS office (business or governmental) or h	nome 2	City /			State	799	24	Area C	53	Phone 70
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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME FIRST NAME MI SUFFIX
	HCHOLO FIRMINA
02	ADDRESS office (business or governmental) or home City III PA 19124 215 533-6700
No	OTE: 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 filing as a solicitor Check this block if you are filing as a solicitor
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	Chief of Staff
ſ	seeking hold held
В	
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.)
А	Clommunity Achdemy of Philall
в	
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	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: Community Adademy of Phila Address-1100 F. Eric Ave
	Phila. PA 19124
11	GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift
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L	Address of Source of Gift Circumstances (including description) of Gift
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4.	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. 📈 Interest Held (i.e., 5%, 10%, etc.)
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02 ADDRESS office (business or governmental) or home Phila. PA State Zip Code Area Code Phone Phila. PA VI 24 25 533-6	— 700
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBER	ERS.
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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held	
A BOARD MEUBER IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
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· COMMUNITY ACADEMY OF PHILA	-ρ, e.c.,
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Name: AMEX CREdit Card Address: Prevailing KATE	
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: Community Academy of Mila PA 19124 Address: 100 E-ELIE AVE MILA PA 19124	<u>~</u>
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Source of Gift Value of Gift	
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Name: ONL ONG KAY, INC. Address 142 B. BLU Ak. Mil Q. YA 19124 DOORD CVC 14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, Name and Address of Business	etc.)
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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 sto the penalties prescribed by 18 Pa.C.S. §4904 (unaworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).	ubject
Signature Enter Current Date	_
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.	

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PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

MCCIVISIAEV	FIRST NAME Elizabeth	MI SUFFIX
O2 ADDRESS office (business or governmental) or home Sity	A. PA 19124	Area Code Phone (215) 533 - 4100
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	NAT BEARS YOUR SOCIAL SECURITY NUMBER OR FIN	ANCIAL ACCOUNT NUMBERS.
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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	, job title, etc.) seeking hold	held
^ Chief Academic	OFFICER	
В	☐ seeking ☐ hold ☐	held
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	Nominee (e.g., dept, agency, authority, borough, board, commis	sion, county, school district, twp, etc.)
· Community Acade	emy of Phi	
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06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS.	
(Inex Academic Officer	Information in Blocks 8 -15 represents disclosure for the calendar year listed here:	0 18
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 NON Name VISO, MOSHER CONT. Address	NE, check this box.	Interest Rate
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10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all emplo	pyment. (See instructions on pg. 2) ONLY IF NONE,	2:49 % 5 4.69 % (OFFICIAL USE ONLY)
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COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS SEC-1 REV. 01/19 (717) 783-1810 *TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFIX 14 N NOTE. IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this E Check this block if you are filing as a solicitor block if you C Public Official (Current) D Public Employee (Current) A Candidate (including write-in) are amending an original filing C Public Official (Former) D Public Employee (Former) PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold held seeking held hold 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.) 05 Á В OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS. 66 Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. Name Address GIFTS (See instructions on page 2) If NONE, chack this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Volum Source (Name and Address) Position Held (I.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. nnioyaa, olc.) Address: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If HONE, check this box. Inforest Held (i.e., 5%, 10%, etc.) Name and Address of Business

BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Interest Hold Business (Name and Address)

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Transfered (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. \$1109(b).

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

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV, 01/19 STATEMENT OF FINANCIAL INTERESTS PLEASE PRINT NEATLY PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0838
01 LAST NAME MI SUFFIX
alsorial Marangelli III
92 ADDRESS office (business or governmental) or home City : State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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^Board Member
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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.)
^[Clommunity] Academy of Phila.
8
06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
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O9 CREDITORS (See Instructions on page 2). Creditor (Name and Address) If NONE, check this box. [] Name: EREL CROUF Union Address. 600 E. Mermania Lane University PA 19638 7/0
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE. (OFFICIAL USE ONLY) check this block.
Name: USDA-ARS-ERRC Additions 600 E. Mermaid Laine Wyndman, PA 19038
11 GIFTS (See instructions on page 2) If NONE, check this box. Volum of Cit. Value of Cit.
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Name AFGE UCALISSI Address Wyndmcor, PA 19058 Secretary
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. [Inferred Held (s.e., 5%, 10%, etc.) Name and Address of Business
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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, 55 Pa.C.S. \$1109(b).
Signature Majamoreli Oodia Enter Current Date 01 22 19
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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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01	LAST NAME FIRST NAME MI SUFFIX
	VIOLA FRANK JITE
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone PHI 4 P4 1912 Y 215 5 33-6709
NO	OTE: 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)
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_	B L Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
A	TREASURER BOARD OF DIRECTORS
r	seeking hold held
В	
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	COMMONITY ACADEMY OF PHICA
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
	Information in Blocks 8 -15 represents displaying for the calendar year listed here:
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10	Name: DISCOURT CAMP Address: CITTURE ACM 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: Ester Lasale Classonerry Address: Plids PA
	CHU UNUTURY Address: Phids PA
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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	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,
10	Business Entity (Name and Address) employee, etc.)
	Name: Felf-employed Management Consultant Address: 804 Fulfilk No Mydel 14 1904
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held
	Transferee (Name and Address) Relationship Date Transferred
The to th	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 ne 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 Trank / Vich Enter Current Date 2/11/16
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	CALCERANO GUY SUFFIX
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
NO	IOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
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04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α [Board Member
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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.
Α [Community Academy of PhiladelP
в	hia Charter Sehool
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
7	Board Wember 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.
	Name: Wells Favgo Address: Address: Interest Rate Provailing Rate
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE (OFFICIAL USE ONLY)
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11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
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	Business Entity (Name and Address)
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address)
	Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred
The to th	e 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 the penalties prescribed by 18 Pa 2.5. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date Enter Current Date
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME FIRST NAME MI SUFFIX
O1	VASQUEZ JESUS WI SUFFIX
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
NO	DTE: 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 as a solicitor
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
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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.)
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) Of YEAR SEE INSTRUCTIONS. Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2 0 / 8
80	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: NOX+Gen Haath Care Inc Address: 75 Hor Sham Rd, PA 1904 (OFFICIAL USE ONLY)
11	GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift
ſ	Source of Gift Value of Gift
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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. Position Held (i.e., officer, director, employee, etc.) Position Held (i.e., officer, director, employee, etc.)
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14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held
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to th	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 e penalties prescribed by 18 De.C.S. § 4904 (unswern falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).
	Signature Enter Current Date Enter Current Date

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

01	LAST NAME FIRST NAME MI SUFFIX A L F R E D
02	ADDRESS office (business or governmental) or home City, State Zip Code Area Code , Phone
NO	OTE: 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) Check this
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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	COMMONITY ACADEMY
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06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
	CONSUCTANT Information in Blocks 8 -15 represents disclosure for the calendar year listed here:
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
10	Name: COMPREZ MENHODS CORP. OF NO Address: 320 HADDON AVE. HADDON TWI, NJ 08108 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: BCAT PGRANCIS LLC Address:
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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. Value Source (Name and Address)
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: COMPUTER METHODS CORPORANT Address: HADDON TWP NOTOBIOS PRESIDENT
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) Name and Address of Business
	COMPORER METHODS GAP OF NJ HADDON TWO NJ OSION SOLE OWNERS
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Interest Held Relationship
The	Transferee (Name and Address) Date Transferred
	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 ne 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 Enter Current Date
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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02 ADDRESS office (business or governmental) or home City	State Zip Code Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING TH	AT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03 STATUS Check applicable block or blocks, more than one block may be marke	d. (See instructions on page 2)
	D Public Employee (Current) D Public Employee (Former) E Check this block if you are filing as a solicitor block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner,	job title, etc.) seeking hold held
AVICECHAIR	seeking V hold held
BPROGRAM ANALYST	Seeking Mold held SUPERVISOR
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or N	lominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A COMMUNITY ACADE	BMY OF PHILA
B D E P T B E H A V I O R A L	HEALTH
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08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this	
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09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NON	E, check this box.
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Suite 5200	Phila: PA 19106
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. Value
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OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instruction Business Entity (Name and Address)	employee, etc.)
Name Community Academy of Phila Address:	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (Software and Address of Business	ee instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.)
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (S Business (Name and Address)	See instructions on page 2) If NONE, check this box. Interest Held Relationship
Transferee (Name and Address) The undersigned hereby affirms that the foregoing information is true and correct to the bases.	Dest 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).
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COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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PENNSYLVANIA STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS (717) 783-1610 • TOLL FREE 1-800-932-0936 COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/19 PLEASE PRINT NEATLY SUFFIX MI FIRST NAME LAST NAME 01 Area Code Phone Zip Code State NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you Check this block if you are filing D Dublic Employee (Current) are amending C Public Official (Current) A Candidate (Including write-in) an original filing D | Public Employee (Former) as a solicitor Public Official (Former) B Nominee held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) hold 04 held hold seeking В 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.) 05 SEE INSTRUCTIONS. OCCUPATION OR PROFESSION (This may be the same as block 4) Information in Blocks 8 -15 represents 0 disclosure for the calendar year listed here: afforner REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. 08 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Address: Consplidated Student Loans Interest Rate 09 USAA Credit Card 1670 One credit Card 18% DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Corred O'Bren GIFTS (See instructions on page 2) If NONE, check this box. Value of Gift Source of Gift Circumstances (including description) of Gift Address of Source of Gift Value TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. employee, etc.) 13 Business Entity (Name and Address) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Date Transferred 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 faisification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Enter Current Date

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

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15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address) Relationship
Transferee (Name and Address) The undersigned hereby affirms that the foregoing imprimation 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 #8 Pa.C.S. §4904 (Unsworm falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §109(b).
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THIS FORM IS CONSIDERED DEFICIENTY ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COLLEGE OF THE STATE