

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	T A U B E N B E R G E R	A L F R E D		

02	ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
					(215)	686-3441

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)	Check this block if you are filing as a solicitor	Check this block if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in) C <input checked="" type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)		

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A	C O U N C I L M E M B E R			

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	C i t y C o u n c i l

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
		2 0 1 6

08	REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>
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09	CREDITORS (See Instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Rate
	Name Address	

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. <input type="checkbox"/>	(OFFICIAL USE ONLY)
	Name: city of Philadelphia Address: City Hall, Philadelphia, PA 19107	

11	GIFTS (See Instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Value of Gift
	Source of Gift	
	P h i l a . E a g l e s f o o t b a l	9 5 0 . 0 0
	Address of Source of Gift	Circumstances (including description) of Gift
		promote the eades

12	TRANSPORTATION, LODGING, HOSPITALITY (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value
	Source (Name and Address)	

13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See Instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held
	Business Entity (Name and Address) Name: Philadelphia Parking Authority Address:	vice chairman

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Name and Address of Business	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred
	Business (Name and Address) 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 **ELECTRONICALLY SIGNED** Enter Current Date 05/01/2017

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

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. <input type="checkbox"/>	(OFFICIAL USE ONLY)
	Name: Boland Reality Address: 6701 Roosevelt Blvd. Philadelphia, PA 19149	

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13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See Instructions on page 2)

Business Entity

If NONE, check this box.

Position Held

Wesely Enhanced Living

director

Nazereth Hospital

advisory committee