

**STATEMENT OF FINANCIAL INTERESTS**  
**PLEASE PRINT NEATLY**

01	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>SUFFIX</b>
	O H	D A V I D		

02	<b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone
	City Hall, Room 319	Philadelphia	PA	19107	( 215 )	686-3452

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

03	<b>STATUS</b> 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)	E <input type="checkbox"/>	<input type="checkbox"/>
	B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)		

04	<b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
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A	M I N O R I T Y W H I P
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05	<b>GOVERNMENTAL ENTITY</b> 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	<b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4)	07	<b>YEAR</b> Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
			2 0 1 6

08	<b>REAL ESTATE INTERESTS</b> (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>
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09	<b>CREDITORS</b> (See Instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	Interest Rate
	Name: <u>Tovota Financial Services</u> Address: <u>PO Box 5855, Carol Stream, IL 60197-5855</u>	4.12%

10	<b>DIRECT OR INDIRECT SOURCES OF INCOME</b> 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: <u>City of Philadelphia</u> Address: <u>City Hall, Room 319, Philadelphia, PA 19107</u>	

11	<b>GIFTS</b> (See Instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Value of Gift
	Source of Gift: <u>Philadelphia Eagles</u>	4 7 5 . 0 0
	Address of Source of Gift: <u>NovaCare Complex, One NovaCare Wav, Philadelphia, PA 19145</u>	Circumstances (including description) of Gift: <u>Benefit Philadelphia Fire Department Members</u>

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

13	<b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See Instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held
	Business Entity (Name and Address) Name: <u>CarePartners Plus, LLC</u> Address: <u>955 Horsham Road, Suite 302, Horsham, PA</u>	Limited Partner

14	<b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See Instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held
	Name and Address of Business: <u>KI Sports Entertainment, LLC - 5813 Thomas Avenue, Philadelphia, PA 19143</u>	100.00%

15	<b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (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 04/21/2017

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

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11 **GIFTS** (See Instructions on page 2) **If NONE, check this box.**

Source of Gift Value of Gift  
P h i l a d e l p h i a E a g l e s 9 0 . 0 0

Address of Source of Gift Circumstances (including description) of Gift  
NovaCare Complex. One Novacare Wav. Philadelphia. PA 19145 Benefit PHL Live Kick-Off Event (Raffle)

Source of Gift Value of Gift  
P h i l a d e l p h i a E a g l e s 3 8 0 . 0 0

Address of Source of Gift Circumstances (including description) of Gift  
NovaCare Complex. One Novacare Wav. Philadelphia. PA 19145 Benefit Philadelphia Police Highway Patrol

Source of Gift Value of Gift  
A u t o D e a l e r s o f P h i l a 5 3 0 . 0 0

Address of Source of Gift Circumstances (including description) of Gift  
3311 Swede Road. Suite A. East Norriton. PA 19401 Representation

Source of Gift Value of Gift  
R e p u b l i c o f K o r e a 7 2 5 7 . 0 0

Address of Source of Gift Circumstances (including description) of Gift  
460 Park Avenue. New York Citv. NY 10022 Representation

13 **OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS** (See Instructions on page 2) **If NONE, check this box.**

Business Entity Position Held  
KI Sports Entertainment, LLC Principal