

**2016 MAYOR'S EXECUTIVE ORDER
FINANCIAL DISCLOSURE STATEMENT**

Completed forms will be available for public inspection and copying during regular office hours and anytime online.

INSTRUCTIONS:

Complete the entire form. Type or print in ink. **Enter your name on each page.**
 This form should be completed on line at <https://fds.philla-records.com/FDS/FDLogin.aspx>
 Attach additional 8-1/2" x 11" sheets if necessary, identifying each item by number.
 Send completed forms to Department of Records, Room 156, City Hall, Philadelphia, Pennsylvania 19107.
 Detailed **Instructions** are attached.

AMENDED STATEMENT

1. LAST NAME	FIRST NAME	MI	SUFFIX
K E N N E Y	J A M E S	F	

2. CITY DEPARTMENT / AGENCY Mayors Office	3. JOB TITLE MAYOR
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4. OFFICE ADDRESS

5. BUSINESS ADDRESS (IF APPLICABLE)

6. SPOUSE OR LIFE PARTNER NAME AND OCCUPATION OR PROFESSION

7. DEPENDENT CHILD(REN) NAME(S) AND OCCUPATION(S) OR PROFESSION(S)

REMEMBER: You must provide the following information on financial interests held during the previous calendar year by you and, if applicable, a member of your immediate family. Check in each of the first columns below the person to whom the item applies.

8. SALARY, WAGES AND FEES: List all sources of income in the form of salary, wages, fees and other compensation for service received by you or members of your immediate family during the previous calendar year, as described in attached **Instructions**. If none, check this box:

CHECK (✓)				SOURCE AND ADDRESS	NATURE OF BUSINESS	NATURE OF SERVICE RENDERED	AMOUNT
YOU	SPOUSE OR LIFE PARTNER	CHILD					
✓				City of Philadelphia -	Mayor		218,255.00
✓				Commonwealth of Pennsylvania -	Pension		9,327.12

LAST NAME										FIRST NAME										MI	SUFFIX		
K	E	N	N	E	Y					J	A	M	E	S						F			

9. INCOME FROM PROPERTY, BUSINESS, PARTNERSHIP OR OTHER ENTITY: List sources from which \$500 or more was received by you or a member of your immediate family during the previous calendar year, as described in attached **Instructions**. If none, check this box:

CHECK (✓)				SOURCE AND ADDRESS	NATURE OF BUSINESS	AMOUNT
YOU	SPOUSE OR LIFE PARTNER	CHILD				

10. GAINS ON PROPERTY OR INVESTMENTS: List gains (*sale prices minus purchase price*) which equal or exceed both \$500 and 5% of the purchase price, received by you or a member of your immediate family during the previous calendar year. See **Instructions**. If none, check this box:

CHECK (✓)				PROPERTY OR INVESTMENT	AMOUNT OF GAIN
YOU	SPOUSE OR LIFE PARTNER	CHILD			
✓				American Funds	633.00
✓				Raymond James Financial Services	2,369.00
✓				Raymond James Financial Services	1,400.00

LAST NAME										FIRST NAME										MI	SUFFIX		
K	E	N	N	E	Y					J	A	M	E	S				F					

12. OFFICE AND DIRECTORSHIPS: List all such positions in any entity or association, whether for profit or not for profit, held by you or a member of your immediate family during the previous calendar year.

See **Instructions**. If none, check this box:

CHECK (✓)				NAME AND ADDRESS OR ENTITY/ASSOCIATIO	NATURE OF ENTITY/ASSOCIATION	POSITION HELD
YOU	SPOUSE OR LIFE PARTNER	CHILD				
✓				Martin Luther King Association for Non-Violence		Board Member
✓				Historic Philadelphia		Board Member
✓				O.V. Catto Memorial Fund		Board Member
✓				Visit Philly, Inc.		Board Member
✓				Welcome America		Board Member
✓				Michael P Donatucci Memorial Fund		Board Member
✓				PHLCVB		Board Member

LAST NAME

FIRST NAME

MI

SUFFIX

K E N N E Y

J A M E S

F

13. COMPLETE ONE **AND ONLY ONE** OF THE FOLLOWING CERTIFICATIONS. See **Instructions**.

A. CERTIFICATION

Information on this form represents disclosure for the previous calendar year **2016**.

I HEREBY CERTIFY that to the best of my knowledge all statements contained herein are true and correct. The financial interests reported include, where applicable, those held by me or members of my immediate family. **I FURTHER CERTIFY** that during the previous calendar year, no financial interest held by me, or if applicable, by members of my immediate family, was the subject of any decision made by me in my official capacity.

Signature _____ Date _____

B. CERTIFICATION

Information on this form represents disclosure for the previous calendar year **2016**.

I HEREBY CERTIFY that to the best of my knowledge all statements contained herein are true and correct. Despite my best efforts, I have been unable to provide complete information as to financial interests held by members of my immediate family. **I FURTHER CERTIFY** that during the previous calendar year, no financial interest held by me, or, to the best of my knowledge, by a member of my immediate family, was the subject of any decision made by me in my official capacity.

Signature _____ **ELECTRONICALLY SIGNED** Date 05/08/2017

NOTE: A willful failure to disclose properly the financial interest of you and your immediate family, as required by the Mayor's Executive Order, may result in removal from your City position.