

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	Q U I N O N E S	M A R I A	D	

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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) E block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold 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.

09 CREDITORS (See Instructions on page 2) Creditor (Name and Address) If NONE, check this box.

Name PFCU Address Interest Rate 9.00

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: Address:

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

A m e r i c a n J e w i s h C o m m i 7 0 0 0 . 0 0

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

Business Name (Name and Address) Position Held

Name: Address:

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 **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

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09 CREDITORS (See Instructions on page 2) Creditor	If NONE, check this box. <input type="checkbox"/>	Interest Rate
Card Services - AA - Philadelphia, PA		15.00
Capital One - Philadelphia, PA		15.00