

**INSTRUCTIONS FOR FILING AS A CANDIDATE OF A POLITICAL BODY FOR THE OFFICES OF
MAYOR, CITY COMMISSIONERS, REGISTER OF WILLS, SHERIFF, AND CITY COUNCIL
PHILADELPHIA COUNTY
NOVEMBER 5, 2019 MUNICIPAL GENERAL ELECTION
(Not for use by Democratic or Republican Candidates)**

In addition to political party nominations made at primaries, the Election Code permits political bodies to nominate candidates for public offices by filing political body Nomination Papers. Political body Nomination Papers should not be used to nominate political party candidates for the primary or to nominate minor political party candidates.

The instructions detailed on this document only pertain to Nomination Papers for offices in the City of Philadelphia. Nomination papers for these municipal offices are now available online. **It is the responsibility of the candidate(s) and his or her circulator to complete the paper(s) in the manner that is required by law.**

Instructions for Circulating Nomination Papers

Nomination Papers can be obtained by visiting the “Candidates and Campaigns” section of our website: www.PhiladelphiaVotes.com. Papers must be printed on 8 ½” x 14” paper, 2-sided, “Flip on Long Side” (Head-to-Head).

Candidates who do not have access to the internet may visit the County Board of Elections at City Hall, Room 142 to obtain a Nomination Paper.

NOTICE: Duplicate Nomination Papers must be exact copies of the originals (8 ½” x 14” paper, 2-sided, “Flip on Long Side” (Head-to-Head)).

Prior to Circulation

Sections A, B and C on the top of Side 1 of each Nomination Paper page must be completed before signatures are obtained.

In the appropriate field on the online form, type the name of the candidate exactly as the candidate wants it to appear on the ballot. A nickname is allowed only if it is a derivative of the legal name or it is how you are known in your community.

- **INSTRUCTIONS FOR COMPLETING PREAMBLE (Section A):**
 - *Name of Political Body* -- All nomination papers must specify the name of the Political Body which the candidate(s) represent. Such name cannot be more than three (3) words and cannot use words identical with, or deceptively

similar to, any words used in the name of an existing political party, or of any political body which has already filed nomination papers for the same office(s).

- **INSTRUCTIONS FOR COMPLETING CANDIDATE INFORMATION (Section B):** The name of each candidate, and his/her occupation and place of residence must be listed. The correct title of the office which each such candidate is seeking must be indicated with the appropriate district number. NOTE: More than one candidate may be nominated by one set of nomination papers, provided that all the signers are eligible to vote for all offices for which such nominations are made.
- **DISAFFILIATION:** Any person who is a registered and enrolled member of a political party during any period of time beginning with thirty (30) days before the primary and extending through the General Election is not eligible to be the candidate of a political body in the General Election held in the same year. Similarly, anyone who has filed petitions to run in the Democratic or Republican Primaries is not eligible to be the candidate of a political body in the General Election held in the same year.
- **INSTRUCTIONS FOR COMPLETING COMMITTEE TO FILL VACANCIES (Section C):** A committee of three (3) to five (5) persons must be listed on the nomination papers in the spaces provided. The names of the committee members must be listed on each page of the nomination paper. This committee is empowered to nominate persons to fill a vacancy in the nomination should it occur. The Pennsylvania Election Code does not specify the qualifications of the members of this committee.
- **CIRCULATION OF NOMINATION PAPERS:** Signatures may be secured only between the tenth Wednesday before the primary and August 1 of each year. For 2019, the circulation period begins on March 13 and ends on August 1. Nomination Papers must be submitted no later than 5:00 PM on August 1, 2019.

Signers

Signatures may not be obtained until March 13, 2019.

Each signer may sign Nomination Papers for up to the number of candidates for such office they are permitted to vote for (i.e., 2 Commissioner Candidates, 5 Council At-Large Candidates, 1 Mayoral Candidate).

Each signer of a Nomination Paper must be a registered and enrolled elector (registered voter) in the City of Philadelphia and of the district referred to in the Nomination Paper (if applicable).

Each signer must personally sign his or her name in the "Signature of Elector" column and print his or her name in the "Printed Name" column. Each signer must also insert his or her address

(street and number) in the “Place of Residence” column exactly as it appears on his or her registration affidavit. The elector must also insert the date of signing in the “Date of Signing” column, which may be expressed in words or numbers (e.g., March 13, 2019 or 3/13/19).

The minimum number of signatures required is two percent of the largest entire vote cast for any officer (except a judge of a court of record) elected at the last preceding election held in the same electoral district, but it may not be less than the number required for nomination petitions for political party candidates for the same office. For the offices of Mayor, City Commissioners, Register of Wills, Sheriff, or City Council at-Large, Political Body candidates must submit 3,226 signatures. For the office of District City Council, Political Body candidates must submit 750 signatures.

Statement of Circulator

The Statement of Circulator on each Nomination Paper page must be signed after each Nomination Paper page is circulated.

Candidate’s Affidavit

The Candidate’s Affidavit must be signed and notarized. Notarization must include the date of notarization, the notary public’s signature, and the official rubber stamp seal. The candidate must be a registered and enrolled elector (registered voter) of Philadelphia County, or district (if applicable) referred to in the Nomination Paper.

Filing Your Papers

Nomination Papers will only be accepted by the County Board of Elections if the following criteria are met:

1. The Nomination Paper is printed on 8 ½” x 14” paper, 2-sided.
2. Sections A, B and C are completed on the front of the Nomination Paper.
3. The Nomination Paper has at least the minimum number of signatures required for the office.
4. The Statement of Circulator is signed and the Candidate’s Affidavit is signed and notarized.
5. The Nomination Paper is submitted no later than 5:00 P.M. on August 1, 2019.
6. Copy of Candidate’s Statement of Financial Interest is included in the packet. The original Statement of Financial Interest must be filed with the Department of Records in City Hall Room 156.
7. Filing fee of \$100 paid by certified check or money order ONLY made out to the City of Philadelphia for **each** candidate listed on the nomination paper.

All Nomination Paper pages must be bound together when filed. Please use binder clips. No staples.

Nomination Papers must include page numbers in consecutive order.

Example:

Candidates who file two or more Nomination Paper pages for themselves should number the Papers as follows: Page 1 Side 1, Page 1 Side 2, Page 2 Side 1, Page 2 Side 2, Page 3 Side 1, Page 3 Side 2, Page 4 Side 1, Page 4 Side 2, Page 5 Side 1, Page 5 Side 2,
Additional Nomination Papers filed to supplement or add to the original group of filed Nomination Papers must be numbered in consecutive order from where the first group left off.

Nomination Papers must be filed with the County Board of Elections, City Hall Room 142, Philadelphia, PA 19107 no later than 5:00 P.M. on August 1, 2019.

Signature Requirements

Office	Required Number of Signatures
Mayor	3,226
City Commissioner	3,226
Register of Wills	3,226
Sheriff	3,226
City Council at Large	3,226
City Council District Member	750

Copies of Filed Nomination Papers

Requests for copies of Nomination Papers may be made with the County Board of Elections, Room 142 City Hall. Copies will be available no later than Monday, August 5, 2019.

Requests will be filled on a first come, first served basis.

The fee for paper copies of Nomination Papers is \$0.25 per side (\$0.50 per Paper). Payment must be made by certified check or money order payable to the "City of Philadelphia." Cash or personal checks will not be accepted.

There is no fee for emailed digital copies or copies on USB drive.

Ballot Name Change Request and Notice of Withdrawal

Candidates who wish to withdraw their candidacy after filing Nomination Papers must submit a Notice of Candidate Withdrawal form to the County Board of Elections, which will be available on our website or can be obtained from the County Board of Elections at City Hall, Room 142. The deadline for a candidate to withdraw from the ballot is August 8, 2019.

Resign to Run

Please note Section 5 of Article 10 of the City Charter states “No officer or employee of the City, except elected officers running for re-election, shall be a candidate for nomination or election to any public office unless he shall have first resigned from his then office or employment.”

Contact Information

Philadelphia County Board of Elections
City Hall, Room 142
1400 John F. Kennedy Blvd
Philadelphia, PA 19107
215-686-3469

Website for the Office of the City Commissioners: www.PhiladelphiaVotes.com

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Bureau of Commissions, Elections and Legislation
POLITICAL BODY CANDIDATE'S AFFIDAVIT



COMMONWEALTH OF PENNSYLVANIA

SS:

COUNTY OF _____

CANDIDATE'S AFFIDAVIT - I do swear (or affirm) that my residence, my election district and the name of the office for which I desire to be a candidate are as specified below, that I am eligible for said office, and that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; that my name has not been presented as a candidate by nomination petitions for any public office to be voted for at the ensuing primary election, nor have I been nominated by any other nomination papers for any such office; that if I am a candidate for election at a general or municipal election I shall not be a registered and enrolled member of a political party at any time during the period of thirty (30) days prior to the primary up to and including the day of the following general or municipal election, or if I am a candidate for election at a special election I am not a registered and enrolled member of a political party; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

I swear (or affirm) to the above parts as required by the laws applicable to the office I seek.

Sworn (or affirmed) and subscribed before me this

_____ day of _____,

20_____.

(SEAL)

(Signature of Person Administering Oath)

My Commission Expires _____

Office/District

Signature of Candidate

Printed Name of Candidate

Street Address/Post Office/Zip Code

City/Borough/Township

County

Election District of Candidate
 (District Where Registered To Vote)

Telephone Number

OFFICE USE ONLY

<input type="text"/> <input type="text"/>	COUNTY CODE	\$	<input type="text"/> <input type="text"/>	AMOUNT RECEIVED	F	<input type="text"/> <input type="text"/>	M
<input type="text"/> <input type="text"/>	OFFICE	<input type="text"/> <input type="text"/>	DISTRICT	<input type="text"/> <input type="text"/>	POLITICAL PARTY	<input type="text"/> <input type="text"/>	NUMBER OF PAPERS
COMMENTS							
CHECKER				INPUT		VERIFY	



COMMONWEALTH OF PENNSYLVANIA
STATE ETHICS COMMISSION
Finance Building
613 North Street, Room 309
Harrisburg, PA 17120-0400
(717) 783-1610 or Toll Free 1-800-932-0936
www.ethics.pa.gov



STATE ETHICS COMMISSION

STATEMENT OF FINANCIAL INTERESTS

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF SIGNATURE OR DATE IS MISSING.

SIGN THE FORM USING THE CURRENT DATE. DO NOT BACK DATE SIGNATURE.

THOSE INDIVIDUALS WHO HOLD MORE THAN ONE OFFICE AND/OR POSITION MUST FILE A COPY OF THEIR FORM AT EACH FILING LOCATION.

FILERS MAY USE THE ONLINE FILING SYSTEM AT THE STATE ETHICS COMMISSION'S WEBSITE: WWW.ETHICS.PA.GOV. A PAPER COPY MAY STILL BE REQUIRED TO BE SUBMITTED TO YOUR FILING LOCATION. FILERS SHOULD CHECK WITH THEIR FILING LOCATION FOR REQUIREMENTS.

THIS FORM MUST BE COMPLETED AND FILED BY:

- A Candidates** - Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.
- B Nominees** - Persons nominated for public office subject to confirmation.
- C Public Officials** - Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.
- D Public Employees** - Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.
- E Solicitors** - Persons elected or appointed to the office of solicitor for political subdivision(s).

IMPORTANT: Please read all instructions carefully prior to completion of form. Also, **review the filing chart (Page 4) for proper filing location.** Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act "Ethics Act," 65 Pa C.S. §1101 et. seq.

STATEMENT OF FINANCIAL INTERESTS INSTRUCTIONS

Please print neatly in capital letters. If you require more space than has been provided, please attach an 8 1/2" X 11" piece of paper to the form. Blocks 01 through 06 are for current information.

- Block 01** Please fill in your last name, first name, middle initial and suffix (if applicable) in the boxes provided. Public office candidates should use the exact name used on official nomination petition or papers.
- Block 02** List an office (business or governmental) or home address and daytime telephone number.
- Block 03** Please check the block or blocks to indicate your status. See definitions on page 1. If you are correcting a prior filing, please check the block designating an amended form.
- Block 04** Please check the appropriate block (seeking, hold, held) for each position you list in the blocks below. List all public position(s) which you are seeking, currently hold, or have held in the **prior** calendar year. Please be sure to include job titles and official titles such as "member" or "commissioner" (even if serving as an alternate/designee).
- Block 05** Please list all political subdivision(s) agency(ies) as to which you: (1) are presently seeking a public position or public office as a candidate (incumbent or non-incumbent) or nominee; (2) presently hold a public position or public office; and/or (3) previously held a public position or public office during all or any portion of the calendar year listed in block 07. (The term "political subdivision" includes a county, city, borough, incorporated town, township, school district, vocational school, county institution, district, and any authority, entity or body organized by the aforementioned).
- Block 06** Please list your current occupation or profession. This information may be the same as stated in block 04.
- Block 07** List the calendar year for which you are filing this form. Like tax returns, these forms disclose financial information for a **prior** calendar year. For example, for the form due May 1, 2019, block 07 would read "2018." The information in blocks 08 through 15 should represent financial interests for the calendar year listed.
- Block 08** **REAL ESTATE INTERESTS:** This block contains the address of any property which was involved in transactions (leasing, purchasing, or condemnation proceedings of real estate interests) with the Commonwealth or any other governmental body within the Commonwealth. If you have no direct or indirect interests in such a property, then check "NONE."
- Block 09** **CREDITORS:** This block contains the name and address of any creditor and the interest rate of any debt over \$6,500 regardless of whether such debt is held solely by you or jointly by you and any other individual, including your spouse, where each obligor is fully responsible for the obligation. A joint obligation with other persons for which the filer is responsible only for a proportional share that is less than the reporting threshold, is not required to be reported. **Do not report** a mortgage or equity loan on your home (or secondary home), or loans or credit between you and your spouse, child, parent or sibling. Car loans, credit cards, personal loans and lines of credit must be listed on the form if the balance owed was in excess of \$6,500 at any time during the calendar year. If you do not have any reportable creditor, then check "NONE."
- Block 10** **DIRECT OR INDIRECT SOURCES OF INCOME:** List the name and address of each source of gross income of more than \$1,300 regardless of whether such income is received solely by you or jointly by you and another individual, such as a spouse. "Income" includes any money or thing of value received or to be received as a claim on future services or in recognition of services rendered in the past, whether in the form of a payment, fee, salary, expense, allowance, forbearance, forgiveness, interest, dividend, royalty, rent, capital gain, reward, severance payment, proceeds from the sale of a financial interest in a corporation, professional corporation, partnership or other entity resulting from termination/withdrawal therefrom upon assumption of public office or employment or any other form of recompense or combination thereof. The term refers to gross income, which includes prize winnings and tax-exempt income but does not include gifts, governmentally-mandated payments or benefits, retirement, pension or annuity payments funded totally by contributions of the public official or employee, or miscellaneous incidental income of minor dependent children. If you do not have ANY reportable source of income, then check "NONE."
- Block 11** ***GIFTS:** For each source of gift(s) valued at \$250 or more in the aggregate, list the following information: the name and address of the source; the circumstances, including a description of each gift; and the value of the gift(s). **Do not report** political contributions otherwise reportable as required by law, gift(s) from friends or family members (the term "friend" does not include a registered lobbyist or employee of a registered lobbyist), or any commercially-reasonable loan made in the ordinary course of business. The Commission has held that a person cannot be deemed a "friend" if that person and/or a business with which that person is associated is regulated by or has contracts with the public official's governmental body. If you did not receive any reportable gift, then check "NONE."
- Block 12** ***TRANSPORTATION, LODGING OR HOSPITALITY EXPENSES:** List the name and address of each source and the amount of each payment/reimbursement by the source for transportation, lodging or hospitality that you received in connection with your public position if the aggregate amount of such payments/reimbursements by the source exceeds \$650 for the calendar year for which you are reporting. Do not report reimbursements made by a governmental body or by an organization/association of public officials/employees of political subdivisions that you serve in an official capacity. If you do not have any reportable expense payments/reimbursements, then check "NONE."
- Block 13** **OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ENTITY:** List both the name and address of the business entity for any office that you hold (Example: President, Vice President, Secretary, Treasurer), any directorship that you hold (through service on a governing board such as a board of directors), and any employment that you have in any capacity whatsoever as to any business entity. This block focuses solely on your status as an officer, director or employee, regardless of income. If you do not have any office, directorship or employment in any business entity to report, then check "NONE."
- Block 14** **FINANCIAL INTERESTS:** List the name and address and interest held in any business for profit of which you own more than 5% of the equity or more than 5% of the assets of economic interest in indebtedness. If you do not have any such financial interest to report, then check "NONE."
- Block 15** **TRANSFERRED BUSINESS INTERESTS:** List the name and address of any business in which you transferred a financial interest (as defined in block 14 above) to a member of your immediate family (parent, spouse, child, brother or sister), as well as the interest held, relationship to the individual, and date of transfer. If you did not transfer any such business interest, then check "NONE."
- Signature** Please sign the form and enter the current date. **Back dating the form is a violation of law and could result in the initiation of civil, administrative and/or criminal penalties.**

*Please note the Commission has long held that the receipt of things of value, such as gifts, transportation, lodging and hospitality from vendors, those regulated, and others, may form the basis for a conflict of interest under Section 1103(a) of the Ethics Act.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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	<input type="text"/>
B	<input type="text"/>

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

11	GIFTS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Value of Gift
	Source of Gift <input type="text"/>	<input type="text"/>
	Address of Source of Gift <input type="text"/>	Circumstances (including description) of Gift <input type="text"/>

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

13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.)
	Business Entity (Name and Address) <input type="text"/>	
	Name: <input type="text"/> Address: <input type="text"/>	

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)
	Name and Address of Business <input type="text"/>	

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held
	Business (Name and Address) <input type="text"/>	Relationship
	Transferee (Name and Address) <input type="text"/>	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 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.

WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

WHO MUST FILE	ORIGINAL COPY	ADDITIONAL FILINGS*	WHEN TO FILE
A. STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court	State Ethics Commission	Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029	ON OR BEFORE THE LAST DAY FOR FILING A PETITION TO APPEAR ON THE BALLOT FOR ELECTION
Constables / Deputy Constables	State Ethics Commission	Append to nomination petition when filed with County Board of Elections	
Countywide City Borough Township Municipality (home rule charter)	File with the Clerk/ Secretary in the Municipality in which you are a candidate		
Magisterial District Judges	File with the County in which the Magisterial District is located		
School Director	File in the School District where you are a candidate		
Announced Write-in	For state office file with State Ethics Commission . For county or local office file with governing authority of political subdivision.	No additional copy required	Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office within that time frame.
Unannounced Write-in Winners of Nominations			
Unannounced Write-in Winners of Elections			
B. STATUS BLOCK B - NOMINEE State Level	State Ethics Commission	File with the Official or Body vested with the power of confirmation	10 days before official or body approves or rejects the nomination.
County/Local Level	Governing authority of political subdivision		
C. STATUS BLOCK C - PUBLIC OFFICIAL Commonwealth Public Officials such as: Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices.	State Ethics Commission	File with each Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed)	FILE NO LATER THAN MAY 1 OF EACH YEAR A POSITION IS HELD AND OF THE YEAR AFTER LEAVING SUCH A POSITION.
State House Member State Senate Member	State Ethics Commission	File with the House Chief Clerk or Senate Secretary (whichever applies)	
Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC).	File only with the governing authority of the respective local political subdivision	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	
Constables / Deputy Constables	State Ethics Commission	No additional copy required	
D. STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer		
County City Borough Township Municipal (home rule) Municipal Authority School District	EMPLOYEE File only with your political subdivision		
E. STATUS BLOCK E - SOLICITOR	File with the governing authority of <u>each</u> political subdivision for which you are Solicitor	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	

* FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.