PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

Name:	Position Held:
Mailing Address:	
Business Phone:	Residence Phone:
1. The name and nature of any er the City of Loveland) which provid disclosure. (Sec. 2.14.010 (I) (1) (2.14.010)	ntity (other than the City of Loveland and corporate bodies organized by des a source of income directly or indirectly* to the person making the a).)
2. The name and nature of any er the City of Loveland) of which the (Sec. 2.14.010 (I) (1) (b) (i).)	ntity (other than the City of Loveland and corporate bodies organized by person making disclosure is an officer, director, trustee or beneficiary.
the City of Loveland) in which the	ntity (other than the City of Loveland and corporate bodies organized by e person making disclosure has any interest or control, through stock urities, or otherwise and from which the person has the potential for 14.010 (I) (b) (ii).)
which the person making disclos	operty located within the planning jurisdiction of the City of Loveland in ure has any direct or indirect* interest, including but not limited to an lue of which is in excess of five thousand dollars. (Sec. 2.14.010 (I) (1)

5. The name of each creditor to wh \$1,000. (Sec. 2.14.010 (I) (1) (d).)	nom the person making this disclosure owes money in excess o
or minor child residing with the perso known to the person making this disc	shall include, but not be limited to, income and interests of a spous on making this disclosure to the extent that the income or interest a closure and the person making the disclosure receives a pecunial ceiving a pecuniary benefit from said income or interest.
6. Such additional information as the	person making this disclosure might desire.
Dated this day of	20
	rtified to be true and correct to the best of my knowledge.
	Signature of Public Official
STATE OF COLORADO) CITY OF LOVELAND) ss COUNTY OF LARIMER)	
It is hereby certified that the foregoing, 20	g instrument was acknowledged before me this day of .
SEAL	Notary
My commission expires:	