

PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

JUL 18 2023

CITY CLERKS OFFICE
LOVELAND, CO

Name: ANDREA SAMSON Position Held: WARD 2 LOVELAND CITY COUNCIL MEMBER

Mailing Address: 1812 DOTSERD AVE LOVELAND CO 80538

Business Phone: 970.599.1192 Residence Phone: 253.820.2197

1. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) which provides a source of income directly or indirectly* to the person making the disclosure. (Sec. 2.14.010 (I) (1) (a).)

MAXIM HEALTHCARE
AUMONY /CHILDSUPPORT

2. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) of which the person making disclosure is an officer, director, trustee or beneficiary. (Sec. 2.14.010 (I) (1) (b) (i).)

NONE

3. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) in which the person making disclosure has any interest or control, through stock ownership other than listed securities, or otherwise and from which the person has the potential for receiving pecuniary gain. (Sec. 2.14.010 (I) (1) (b) (ii).)

NONE

4. The legal description of real property located within the planning jurisdiction of the City of Loveland in which the person making disclosure has any direct or indirect* interest, including but not limited to an option to purchase, the market value of which is in excess of five thousand dollars. (Sec. 2.14.010 (I) (1) (c).)

NONE

5. The name of each creditor to whom the person making this disclosure owes money in excess of \$1,000. (Sec. 2.14.010 (I) (1) (d).)

NONE

**The words "indirect" and "indirectly" shall include, but not be limited to, income and interests of a spouse or minor child residing with the person making this disclosure to the extent that the income or interest is known to the person making this disclosure and the person making the disclosure receives a pecuniary benefit from or has the potential of receiving a pecuniary benefit from said income or interest.*

6. Such additional information as the person making this disclosure might desire.

NONE

Dated this 18 day of July 2023.

The above statements are hereby certified to be true and correct to the best of my knowledge.

Andra Jamson
Signature of Public Official

STATE OF COLORADO)
CITY OF LOVELAND) ss
COUNTY OF LARIMER)

It is hereby certified that the foregoing instrument was acknowledged before me this 18th day of July, 2023.

[Signature]
Notary

S E A L

ADRIANA PATRICIA HERNANDEZ
NOTARY PUBLIC - STATE OF COLORADO
Notary ID #20224010143
My Commission Expires 3/14/2026

My commission expires: 3/14/2026