

City Clerk's Office
749 Main Street, Louisville, CO 80027
303.335.4536
MeredythM@LouisvilleCO.gov

date stamp

PERSONAL FINANCIAL DISCLOSURE STATEMENT

Name:

Residence Address:

Cell Phone:

I am filing as a Candidate for the office of

I am filing as an Incumbent in the office of

OCCUPATION:

NAME OF EMPLOYER:

INCOME: List below the source, nature and recipient of any income in excess of \$1,000.00 per year, including without limitation, capital gains whether or not taxable, dividends, interest, wages, salaries, rents and profits.

Source and Nature of Income	Recipient of Income (Name of individual receiving income)(Relationship to Candidate/Incumbent - Self, Spouse, Minor Children)

BUSINESS ENTITIES: List below the name, location, and nature of activities of any business entity with holdings of real or personal property or with business dealings in Boulder County, in which you have any interest, and the nature of the interest.

Name and Location of Business	Nature of the Business	Nature of Interest

PROPERTY: List the address and location of any real property within Boulder County in which you have an interest or, if you have a controlling interest in an entity or enterprise disclosed above, the address and location of real property in which such entity or enterprise has an interest.

Address and Location of Property	Owner of Record

ADDITIONAL INFORMATION: Add below any additional information you wish to disclose.

SWORN STATEMENT:

I hereby swear or affirm under penalty of perjury that, to the best of my knowledge, information and belief, the information provided in this disclosure statement is accurate and complete. I acknowledge that for the purposes of Sections 5-9 and 5-10 of the Code of Ethics (regarding standards of conduct and disclosure), I am deemed to have an interest in my own financial affairs and in the financial affairs of my spouse or other relatives as specified in the Code of Ethics, and that I must disclose such interests pursuant to Section 5-10 and comply with the non-participation provisions thereof. I further acknowledge that it is a violation of the Code of Ethics to fail to file the statement within the time required in the Code of Ethics.

By checking this box, I am confirming my typed name is my legal name and serves as my electronic signature. I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Candidate/Incumbent Signature

Date