



PERSONAL FINANCIAL DISCLOSURE STATEMENT

*Personal financial disclosure statements filed for ballot access purposes must be filed within 10 days of filing a candidate affidavit. A fine of \$50 per day will be assessed for late filings related to ballot access.
 [Art. XXVIII, Sec. 10 (2)(a), Colorado Constitution and 1-45-110, C.R.S.]
 Please attach extra pages as necessary.*

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Check (✓) the appropriate response(s):	
Filing as: <input type="checkbox"/> Council Candidate <small>(New Candidates & incumbents)</small> <input type="checkbox"/> Filing a Vacancy	Status: <input type="checkbox"/> This is my first filing as a candidate <input type="checkbox"/> This amends my previous filing dated _____

INCOME:

List the source(s) of any income, including capital gains, whether or not taxable, of the person making disclosure and such person's spouse. (It is not necessary to list amounts.)

Recipient of Income (Individual receiving income)	Source of Income (Name of Employer)

ASSETS:

Indicate any financial interest in excess of \$10,000 in any business entity for you or your spouse.

Name of Business, Insurance Company or Trust	Who is the person with this financial interest?

LEGAL:

List the legal description (as shown on the books of the county assessor) of all real property in Colorado (including an option to buy) in which you or your spouse have a direct or indirect interest.

Legal Description of Property	Owner of Record

LIABILITIES:

List the name of each creditor to whom the person making disclosure or such person's spouse owes money in excess of \$10,000.

Name of Creditor	Person Liable for Debt

Identify by name all offices and directorships held by the person making disclosure or such person's spouse.

Name of Organization	Position Held	Person Holding the Position

List businesses with which the person making disclosure, or such person's spouse, are associated that do business with or are regulated by the City of Glenwood Springs and the nature of such business or regulation.

Name of Business	Person Associated	Nature of Business or Regulation

Provide any additional information which the person making disclosure might desire.

Signature: _____ Date: _____