

SOURCES OF OCCUPATIONAL INCOME

Form 2

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on FORM 1.

1 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER/POSITION HELD NATURE OF OCCUPATION/NAME AND ADDRESS/POSITION HELD
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER/POSITION HELD NATURE OF OCCUPATION/NAME AND ADDRESS/POSITION HELD
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER/POSITION HELD NATURE OF OCCUPATION/NAME AND ADDRESS/POSITION HELD

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INITIAL HERE: _____

DATE: _____

INTERESTS IN REAL PROPERTY

Form 3

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year within the map attached as Exhibit "A" in Ordinance O-13-1896.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on Form 1.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
2 DESCRIPTION	Lot _____ City_____ Block _____ County _____ Subdivision _____ Ad Valorum Tax Account Number _____ Acre(s) and Tract _____
3 STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<input type="checkbox"/> NOT APPLICABLE	
4 NAME	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	
1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
2 DESCRIPTION	Lot _____ City_____ Block _____ County _____ Subdivision _____ Ad Valorum Tax Account Number _____ Acre(s) and Tract _____
3 STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<input type="checkbox"/> NOT APPLICABLE	
4 NAME	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	

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DATE: _____

GIFTS

Form 4

Identify any person or organization that has given a gift worth more than \$250 to you, or those under your financial control. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code, Chapter 305, 2) political contributions reported as required by law, or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on Form 1.

¹ RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DONOR	NAME AND ADDRESS
³ DESCRIPTION OF GIFT	
¹ RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DONOR	NAME AND ADDRESS
³ DESCRIPTION OF GIFT	
¹ RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DONOR	NAME AND ADDRESS
³ DESCRIPTION OF GIFT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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DATE: _____

BOARDS AND EXECUTIVE POSITIONS

Form 5

This section is for information concerning executive positions and directorship held by you or those under your financial control.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on Form 1.

1 POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
2 ORGANIZATION <input type="checkbox"/> NON PROFIT <input type="checkbox"/> CHARITABLE ASSOC. <input type="checkbox"/> BUSINESS ASSOC.	ADDRESS
3 POSITION HELD	
1 POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
2 ORGANIZATION <input type="checkbox"/> NON PROFIT <input type="checkbox"/> CHARITABLE ASSOC. <input type="checkbox"/> BUSINESS ASSOC.	ADDRESS
3 POSITION HELD	
1 POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
2 ORGANIZATION <input type="checkbox"/> NON PROFIT <input type="checkbox"/> CHARITABLE ASSOC. <input type="checkbox"/> BUSINESS ASSOC.	
3 POSITION HELD	

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DATE: _____

BANKRUPTCIES	Form 6
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Individuals shall disclose any bankruptcy petition by or against the individual, their spouse, a business entity in which the individual owned a beneficial interest of 10% or more, or a business entity in which the individual was an officer or director of the business entity at the time of bankruptcy filing.

1 TYPE OF BANKRUPTCY NAME _____	<input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> N/A <input type="checkbox"/> NONE
2 CHAPTER	<input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13
3 IF CHAPTER 7 DID YOU RECEIVE A DISCHARGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4 IF CHAPTER 11 OR 13 DID YOU COMPLETE A SUCCESSFUL REORGANIZATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Misdemeanor Involving Moral Turpitude and Felonies

Individuals shall disclose any information which charges a misdemeanor involving moral turpitude or conviction of a felony of the individual or a business entity in which the individual has a 10% or more beneficial interest or where the individual was at the time of the filing or conviction, an officer or director of the business entity.

1 NAME _____	<input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS
Business or Entity Charged	
2 TYPE OF INDICTMENT or INFORMATION	
3 NATURE OF OFFENSE	DESCRIPTION
4 DISPOSITION OF INDICTMENT or INFORMATION	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN PARTNERSHIPS, JOINT VENTURES, AND OTHER BUSINESS ASSOCIATIONS

Form 7

Describe all interests in business entities held or acquired by you or those under your financial control. For an explanation of "Beneficial Interest" and other specific directors for completing this section, see INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on Form 1.

¹ HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DESCRIPTION	NAME AND ADDRESS
³ NATURE OF BUSINESS	
¹ HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DESCRIPTION	NAME AND ADDRESS
³ NATURE OF BUSINESS	
¹ HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
² DESCRIPTION	NAME AND ADDRESS
³ NATURE OF BUSINESS	

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DATE: _____

PERSONAL FINANCIAL STATEMENT

Form 8

AFFIDAVIT

Financial Disclosure and Business Conflict of Interest Forms are required to be verified. The verification page must have the signature of the individual filing the Financial Disclosure and Business Conflict of Interest Forms, as well as the signature and seal of a notary public. Without proper verification the statement is not considered filed. Falsification of information is subject to criminal prosecution under state penal code.

Before me, the undersigned authority, personally appeared:

_____ who, after being duly sworn upon their oath and deposed and stated as follows:

"My name is _____ and I hereby submit for filing the attached Financial Disclosure and Business Conflict of Interest forms. I have personal knowledge of all information contained in said forms and all information contained in the forms is true and correct."

"Further, all information contained in the forms is complete. There is no information that has been withheld or not disclosed which is responsive to or required to be disclosed by the forms."

Affiant

Sworn to and subscribed before me, this the _____ day of _____, 20_____

Notary Public, State of Texas

INITIAL HERE: _____

DATE: _____