

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

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 area crosshatched on the map attached to Ordinance 02-1322.
For more information 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	Lot _____ City _____ Block _____ County _____ Subdivision _____ Ad Valorum Tax Account Number _____ Acres and Tract _____
3 STREET ADDRESS <input type="checkbox"/> NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
4 NAME <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	Lot _____ City _____ Block _____ County _____ Subdivision _____ Advalorum Tax Account Number _____ Acres and Tract _____
3 STREET ADDRESS <input type="checkbox"/> NOT APPLICABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
4 NAME <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY

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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 as defined in Ordinance 02-1322. 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	
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DONOR	NAME AND ADDRESS
DESCRIPTION OF GIFT	
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DONOR	NAME AND ADDRESS
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. For more information 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 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 ASSOCIATION <input type="checkbox"/> BUSINESS ASSOCIATION	ADDRESS
³ POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION <input type="checkbox"/> NON PROFIT <input type="checkbox"/> CHARITABLE ASSOCIATION <input type="checkbox"/> BUSINESS ASSOCIATION	ADDRESS
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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DATE: _____

INTERESTS IN PARTNERSHIPS, JOINT VENTURES, OR OTHER BUSINESS ASSOCIATIONS

Form 7

Describe all interests in business entities held or acquired by you or those under your financial control as defined in Ordinance 02-1322. For an explanation of "beneficial interest" and other specific directions 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	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
NATURE OF BUSINESS	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
NATURE OF BUSINESS	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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DATE: _____

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

Form 8

The Ordinance 02-1322 requires that the disclosures in the Financial Disclosure and Business Conflict of Interest Forms be verified. The verification page must have the signatures of 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 deposed and stated as follows:

"My name is _____ and I hereby submit for filing pursuant to Ordinance No. 0-02-1322 of the City of Colleyville, 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 of the 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 _____ 200

Notary Public, State of Texas

INITIAL HERE: _____

DATE: _____