

# PERSONAL FINANCIAL STATEMENT

## AFFIDAVIT

Financial Disclosure and Business Conflict of Interest Forms shall be provided by candidates for Mayor and City Council and by applicants seeking appointments to the Planning and Zoning Commission or the Zoning Board of Adjustment, and shall file such forms within two (2) business days following the end of the candidate filing period, or if for appointment, within (2) business day following the end of the application period stated in the official City advertisement for application for the position.

The city manager and the city manager's senior staff members (including any staff member who is appointed with City Council approval) shall also file the same within thirty (30) days of hiring. All person(s), as outlined above, shall have a duty to file supplemental disclosures annually and within five (5) business days of an occurrence of any change in the information reflected in the forms previously filed by the individual.

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:

<b>INFORMATION STATEMENT</b>		
		TOTAL NUMBER OF PAGES FILED:
<b>OFFICE USE ONLY</b>		
<b>1 NAME</b>	First, MI <hr/> Last, Suffix	Date Received
<b>2 ADDRESS</b>	Address/City/State/Zip	
<b>3 TELEPHONE NUMBER</b>	Area Code, Phone Number, Extension	
<b>4 REASON FOR FILING STATEMENT</b>	EMPLOYEE _____ (CITY MANAGER OR <b>*SENIOR STAFF</b> ) CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICIAL _____ (INDICATE OFFICE) ZONING BOARD OF ADJUSTMENT (APPLICANT OR APPOINTEE) _____ PLANNING & ZONING COMMISSION (APPLICANT OR APPOINTEE) _____  <input type="checkbox"/> Two (2) business days following the end of the candidate filing period or if appointment, following the end of the application period stated in the official city advertisement for the position.  <input type="checkbox"/> Supplemental disclosure filed annually and within five (5) business days of an occurrence in previously filed form.	
<p><b>*SENIOR STAFF</b> is defined as those employees who are classified as directors and above in the City's classification system and the City Manager and City Secretary.</p>		
<b>5</b>	SPOUSE NAME _____  DEPENDENT CHILD/CHILDREN NAME(S) 1. _____ 2. _____ 3. _____ 4. _____	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

# INTERESTS IN REAL PROPERTY

# Section 1

Describe the location, size, and current use of all property owned within the included map, or held in trust by the filer, spouse, and any dependent minor children, or any business entity in which the person has a financial interest.

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 the Information Statement.

<b>1 HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
<b>2 DESCRIPTION</b>	Lot _____ City _____ Block _____ County _____ Subdivision _____ Ad Valorum Tax Account Number _____ Acre(s) and Tract _____
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>4 NAME</b>	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	
<b>1 HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD #____
<b>2 DESCRIPTION</b>	Lot _____ City _____ Block _____ County _____ Subdivision _____ Ad Valorum Tax Account Number _____ Acre(s) and Tract _____
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>4 NAME</b>	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	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FEE, SALARY, OR GIFT</b>		<b>Section 2</b>
<p>The name and address of any person or corporation which currently has or during the preceding twelve (12) months has had a direct or indirect contractual relationship with the City and from which the person(s), their spouse, or dependent minor children have received a fee, salary, or gift of value exceeding one hundred dollars (\$100.00).</p> <p>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 the Information Statement.</p>		
<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____	
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS	
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>		
<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____	
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS	
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>		
<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____	
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS	
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>		
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>		

NOT APPLICABLE

INITIAL HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

# BUSINESS INTERESTS

## Section 3

The name and address of any corporation or business, which currently has or in the preceding twelve (12) months has had a direct or indirect contractual relationship with the City, of which person(s), their spouse, or any dependent minor children own more than two percent (2%) of the outstanding equity interest or more than two percent (2%) of the assets.

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 the Information Statement.

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

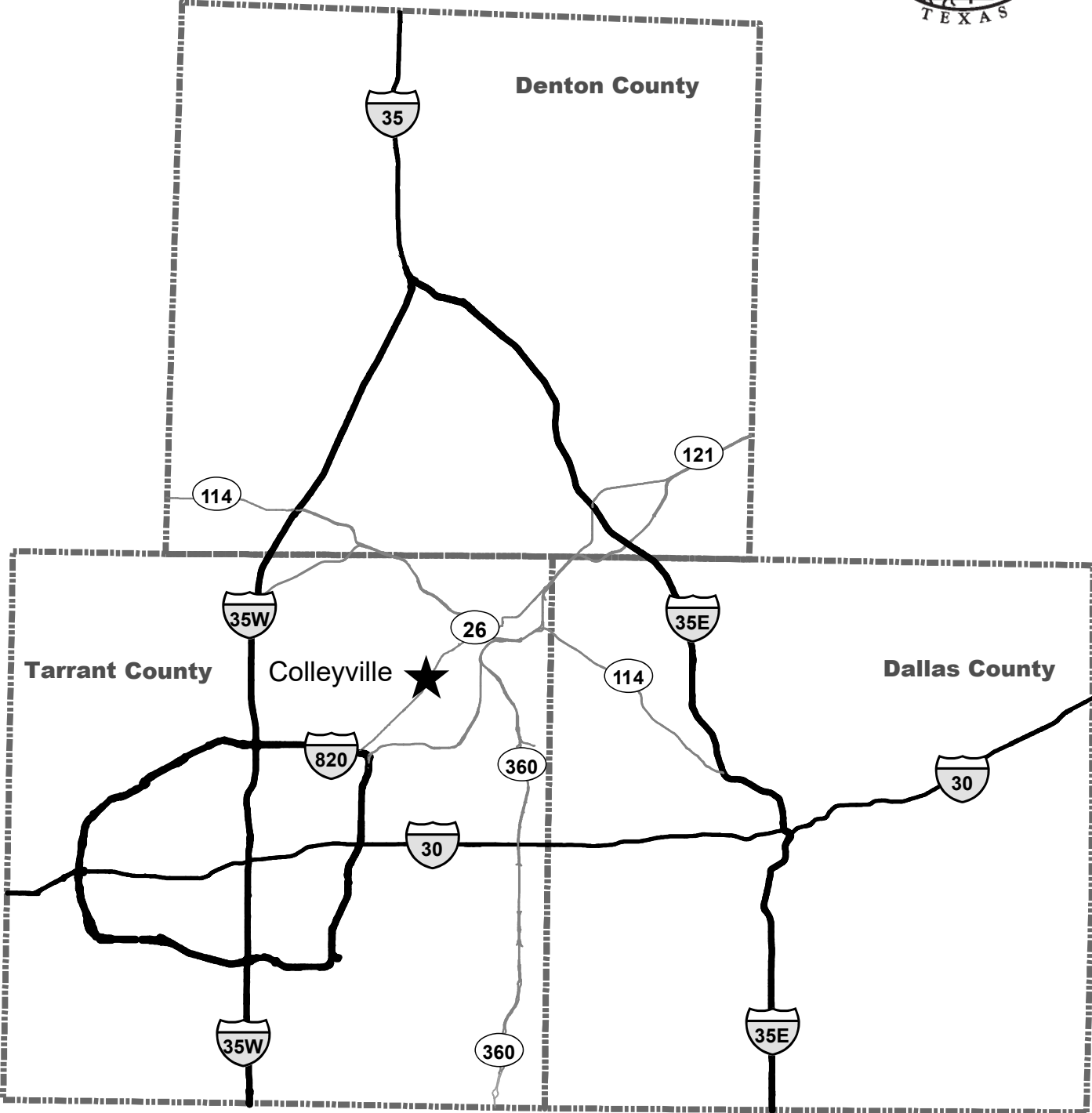
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

# Financial Disclosure and Business Conflict of Interest Disclosure Area Map



**The map includes Tarrant, Denton, and Dallas Counties.**