

PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

Name: JOHN FOGLE Position Held: CITY COUNCIL

Mailing Address: 2473 FRANCES DR. LOVELAND, CO 80537

Business Phone: 970-679-7649 Residence Phone: 970-679-7649

1. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) which provides a source of income directly or indirectly* to the person making the disclosure. (Sec. 2.14.010 (I) (1) (a).)

99 Technology / Loveland Pawn (owner)
STA Properties - owner
Misc Stock Portfolios -

2. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) of which the person making disclosure is an officer, director, trustee or beneficiary. (Sec. 2.14.010 (I) (1) (b) (i).)

Northern Consulting LLC / STA Investments LLC
Front Range Outdoor Storage

3. The name and nature of any entity (other than the City of Loveland and corporate bodies organized by the City of Loveland) in which the person making disclosure has any interest or control, through stock ownership other than listed securities, or otherwise and from which the person has the potential for receiving pecuniary gain. (Sec. 2.14.010 (I) (1) (b) (ii).)

New York Life / Northwestern Mutual Life - Portfolios
Independent Bank

4. The legal description of real property located within the planning jurisdiction of the City of Loveland in which the person making disclosure has any direct or indirect* interest, including but not limited to an option to purchase, the market value of which is in excess of five thousand dollars. (Sec. 2.14.010 (I) (1) (c).)

231-271 14th St. SE (Rental / Commercial)
2473 FRANCES DR (residence)

5. The name of each creditor to whom the person making this disclosure owes money in excess of \$1,000. (Sec. 2.14.010 (l) (1) (d).)

NA

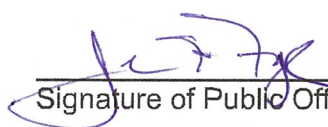
**The words "indirect" and "indirectly" shall include, but not be limited to, income and interests of a spouse or minor child residing with the person making this disclosure to the extent that the income or interest is known to the person making this disclosure and the person making the disclosure receives a pecuniary benefit from or has the potential of receiving a pecuniary benefit from said income or interest.*

6. Such additional information as the person making this disclosure might desire.

NA

Dated this ____ day of _____, 20____.

The above statements are hereby certified to be true and correct to the best of my knowledge.


Signature of Public Official

STATE OF COLORADO)
CITY OF LOVELAND) ss
COUNTY OF LARIMER)

It is hereby certified that the foregoing instrument was acknowledged before me this 31st day of July, 2023.


Notary

S E A L

STERLING ALEXANDER WILSON
Notary Public
State of Colorado
Notary ID # 20214038565
My Commission Expires 09-29-2025

My commission expires: 09/29/2025