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JUL 14 2025

PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

CLERKS OFFICE
LOVELAND, CO

Name: JOHN Fogle Position Held: Candidate
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).)

Northern Consulting dba 99 Technology
SJA Investments
Social Security
New York Life - Annuities

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 - owner

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).)

None

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).)

residence - 2473 Frances Dr, Loveland
investment - 231-371 14454 SE, Loveland

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CITY CLERKS OFFICE of
LOVELAND, CO

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

Independent Bank / South State Bank
United m. leag FIs - CC
Wells Fargo - CC
Chase Bank - CC

*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.

Wife is a contract employee of Loveland Housing Authority

Dated this 14 day of July 2025.

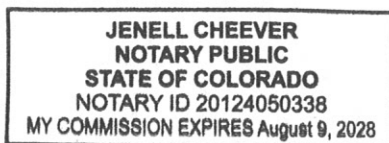
The above statements are hereby certified to be true and correct to the best of my knowledge.

[Signature]
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 14th day of July, 2025.

S E A L



Jenell Cheever
Notary

My commission expires: August 9, 2028