

PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

Name: TROY DANIELS Position Held: MAYORAL CANDIDATE

Mailing Address: 2830 DAFINA DR., LOVELAND, CO 80537

Business Phone: CEL 6175538058 Residence Phone: 970-278-5138

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).)

SPOUSE SALARY THOMPSON SCHOOL DISTRICT  
SPOUSE SOCIAL SECURITY  
SPOUSE RETIREMENT

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).)

N/A

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).)

N/A

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).)

2830 DAFINA DR., LOVELAND, CO 80537

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).)

FNBO  
NELNET

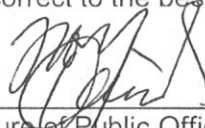
\*The words "indirect" and "indirectly" shall include, but not be limited to, income and interests of a spouse or minor child residing with the person making this disclosure to the extent that the income or interest is known to the person making this disclosure and the person making the disclosure receives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

N/A

Dated this 19<sup>th</sup> day of AUGUST 2025

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

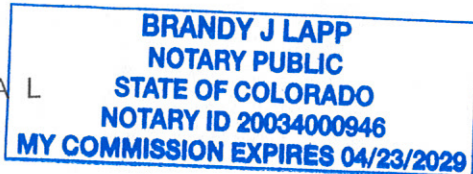


Signature of Public Official

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

It is hereby certified that the foregoing instrument was acknowledged before me this 19<sup>th</sup> day of August, 2025.

S E A L



Brandy J Lapp  
Notary

My commission expires: 04/23/2029

Received By Clark's Office on:  
August 19, 2025 (2210)