CITY CLERK'S OFFICE
2012 APR -6 A 8:00

ANNUAL UPDATE
PERSONAL FINANCIAL DISCLOSURE STATEMENT

City Code Section 5.2.101 – 5.2.105 and CRS 1-45-110

1) NAME OF OFFICEHOLDER: BERNIE HERPIN

2) RESIDENCE ADDRESS: 532 Potter Ct 80909

3) MAILING ADDRESS: Same

4) BUSINESS PHONE: 385-5492 5) RESIDENCE PHONE: 596-3921

6) FAX NO.: _____ 7) E-MAIL ADDRESS: bherpin@springsgov.com

OFFICE HELD: ☐ Mayor ☐ Councilmember at Large ☒ Councilmember - District No. 4

Pursuant to City Code Section 5.2.101, this form is to be filed by April 30 of each year while in office. Complete the form only if there are changes from the previous Disclosure, please check below and sign at the bottom of the form.

☒ *I HAVE NO CHANGES TO REPORT SINCE THE PREVIOUS FILING OF STATEMENT OF DISCLOSURE (Please sign and date below only)*

☐ *I HAVE CHANGES TO REPORT SINCE THE PREVIOUS FILING OF STATEMENT OF DISCLOSURE AS FOLLOWS:*

INCOME: List any source(s) of income, including capital gains, for yourself and/or your spouse.

Source of Income (Name of Employer)	Recipient of Income (Individual receiving income – self, spouse)

ASSETS: List the name of each business, insurance policy, or trust where there is a financial interest in excess of $5,000 for you and/or your spouse.

Name of Business, Insurance Company or Trust	Who is the person with this financial interest?

List the **LEGAL** address and location (as shown on the books of county assessor) of all real property in Colorado Springs (including an option to buy) in which you have a direct or indirect interest with a fair market value in excess of $5,000. Include residential property, investment property, condominium, rental property and any mineral, water, coal and rights to sand and gravel.

Legal address and location of property	Owner of Record

LIABILITIES: List all offices, directorships and fiduciary relationships held by you and/or your spouse.

Name of Organization or Business	Position Held	Person Holding the Position

List the name of any person, firm or organization that retains a person to lobby on its behalf if you share directly or indirectly in the compensation received for lobbying activity.

Name of person, firm, corporation or organization retaining lobbyist

List any business with which you and/or your spouse are associated and which does business with or is regulated by the City of Colorado Springs (e.g. attorney, real estate, medical profession, etc.)

Name of Business	Nature of Business	Person Involved

I hereby state that I have used all reasonable diligence in the preparation of this Disclosure; and that to the best of my knowledge, it is true and complete.

Signature of Officeholder/Incumbent

04/04/12
Date

ANNUAL FINANCIAL DISCLOSURE BY PUBLIC OFFICEHOLDER
REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS
(City Code 5.2.101 and CRS 24-6-203)

DUE TO THE CITY CLERK BY APRIL 30, 2012

2012 APR -6 A 8 08
CITY CLERK'S OFFICE

OFFICE HELD:

☐ **MAYOR** ☒ **COUNCIL DISTRICT NO.** 4 ☐ **COUNCIL AT-LARGE**

NAME OF OFFICEHOLDER/INCUMBENT BERNIE HERPIN

MAILING ADDRESS 532 Potter Ct 80909

CHECK ONE OF THE FOLLOWING:

☒ I HAVE NOTHING TO REPORT (SIGN AND DATE BELOW ONLY)

☐ I RECEIVED THE FOLLOWING GIFTS, HONORARIA AND/BENEFITS

(1) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED: _____

AMOUNT OR VALUE $ _____ DATE RECEIVED _____

DESCRIPTION: _____

(2) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED: _____

AMOUNT OR VALUE $ _____ DATE RECEIVED _____

DESCRIPTION: _____

(3) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED: _____

AMOUNT OR VALUE $ _____ DATE RECEIVED _____

DESCRIPTION: _____

(4) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED: _____

AMOUNT OR VALUE $ _____ DATE RECEIVED _____

DESCRIPTION: _____

(5) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED:

AMOUNT OR VALUE $_____ DATE RECEIVED _____

DESCRIPTION:

(6) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED:

AMOUNT OR VALUE $_____ DATE RECEIVED _____

DESCRIPTION:

(7) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED:

AMOUNT OR VALUE $_____ DATE RECEIVED _____

DESCRIPTION:

(8) NAME OF PERSON FROM WHOM THE GIFT, HONORARIA OR OTHER BENEFIT WAS RECEIVED:

AMOUNT OR VALUE $_____ DATE RECEIVED _____

DESCRIPTION:

Signature of Officeholder/Incumbent

04/04/12
Date

Any person who willfully files a false or incomplete report pursuant to this section, who willfully fails to file the report required by this section, or who willfully fails to provide the statement of value required by Section 24-6-203, C.R.S. is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than fifty dollars nor more than one thousand dollars.