



Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537
(970) 962-2322 • FAX (970) 962-2901 • TDD (970) 962-2620
www.cityofloveland.org

PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT

Name: Andrea Samson Position: Ward 2 City Council Member

Mailing Address: 500 E 3rd ST Loveland Co 80537

Business Phone: 970-599-1192 Residence Phone: 253-820-2197

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).)

Colorado Family Caregivers

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



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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).)

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).)

Single Family Home: Cherry Hills Subdivision, 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).)

Security Service Federal Credit Union
United Wholesale Mortgage

*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.



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

Dated this 30th day of May 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 ____ day of _____, 20__.

Notary

S E A L

My commission expires: _____