dctc DISTRICT of COLUMBIA COMMISSION TAXICAB 20041 Martin Luther King Avenue, Suite 204 Washington, DC 20020 <u>www.dctaxi.dc.gov</u> (202) 645-6018, Fax (202) 889-3604

Vincent C. Gray, Mayor

Ron M. Linton, Chairperson, DCTC

Section 1 – Individual information (type or print)	Section 2 – Other Party Information (type or print)
Name	Name
Address	Address
City, State &	City, State &
Zip	Zip
Social Security	Social Security
#	#
Business or	Business or
Occupation	Occupation
Business Name	Business Name
Business	Business
Address	Address
City, State &	City, State &
Zip	Zip
Length at	Length at
present address	present address
Length of	Length of
employment	employment
Res. Phone	Res. Phone
Bus. Phone	Bus. Phone

FINANCIAL DISCLOSURE FORM

Please list all retail locations that you presently operate (Use additional sheets if necessary):

Name of Retail Store	Address	S.F. Leased	Monthly Rent	Landlord Name	Landlord Phone #

Have (either of) you or any firm in which you were a major owner ever declared		
bankruptcy or settled any debts for less than the amounts owed? If yes, please	Yes	No
provide details on a separate sheet.		
Are (either of) you a defendant in any suit or legal action?	Yes	No
Are (either of) you presently subject to any unsatisfied judgments for tax liens?	Yes	No

dctc **FINANCIAL DISCLOSURE FORM**

	In dollars (or	mit cents)		In dollars (omit cents)		
Assets	Held Held individually jointly		Liabilities	Held individually	Held jointly	
Cash, Checking &			Notes payable to banks			
Savings, CD's see			& others			
Schedule A			see Schedule G			
U.S. Gov't & marketable			Installment loans (car,			
securities			revolving credit, etc.)			
see schedule B						
Real Estate Owned			Real Estate mortgages			
see Schedule C			payable			
			see Schedule C			
Accounts, loans & notes			Other Liabilities: credit			
receivable			card			
A / 1*1						
Automobiles						
Cash surrender value life						
insurance						
see Schedule D						
Pension/401K/IRA's						
see Schedule E						
Business Ventures						
see Schedule F						
Other assets/personal						
property						
Itemize – see Schedule F						
if applic.					ļ	
Total Assets (A)			Total Liabilities (B)			
			Net Worth (A – B)			

Section 4 – Income Statement			
Annual Income	(Individual)	Annual Expenditures	(Individual)
Salary, bonuses &		Mortgage/rental payments	
commissions			
Dividends & interest		Real estate taxes &	
		assessments	
Real estate income		Taxes – federal, state & local	
Other income		Insurance payments	
(alimony, child support,		Other contract payments	
or separate maintenance		(car payments, charge cards,	
income need not be revealed if		etc.)	
you do not wish to have it		Alimony, child support,	
considered as a basis for		maintenance	
repaying the obligation)		Other expenses	
Total Income		Total Expenditures	

dctc **FINANCIAL DISCLOSURE FORM**

SCHEDULE A – CASH, CHECKING & SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT,									
MONEY MARKET FUNDS, ETC.									
Name of Financial	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance				
Institution									
Total									

SCHEDULE B – necessary)	U.S. GOVERN	MENT & MARK	ETABLE SECURITIES	(Use additiona	ll sheet if
Number of Shares or Face Value of Bonds	Description	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Were Traded	
Total					

SCHEDULE C – R	SCHEDULE C – REAL ESTATE OWNED (Use additional sheet if necessary)									
Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To		
Total										

SCHEDULE I) – LIFE INSUR	ANCE CARRIED, IN	CLUDING GRO	OUP INSURAN	CE
Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
Total					

dctc **FINANCIAL DISCLOSURE FORM**

SCHED	SCHEDULE E – VESTED INTEREST IN PENSION/401(K)/IRA's							
%								
Vested	Company Name	Account Number	Account Type	Amount				
Total								

SCHEDULE F – BUSINESS VENTURES (Use additional sheets if necessary)								
Name	Your Position/Title in the Business	Your % of Ownership	Net Worth of Business					
Total								

SCHEDULE G – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)								
Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Payment	Secured By	
Total								

The undersigned certifies that the information contained herein is true and correct.

Date signed _____

Signed (individual)

Date signed _____

Signed (other party)