

EXHIBIT B

TYPE OF REPORT:

ANNUAL SHORT FORM

PERIOD OF REPORT:

FROM:

TO:

STATUS OF REPORTING PARTY: CHECK APPROPRIATE BOX AND FILL IN REQUIRED BLANK

<input type="checkbox"/> CITY OFFICIAL	BOARD/COMMISSION TITLE	
<input type="checkbox"/> CITY EMPLOYEE	JOB CLASS/DEPARTMENT	
<input type="checkbox"/> CANDIDATE *DO NOT COMPLETE (N)	OFFICE SOUGHT	
<input type="checkbox"/> ELECTED OFFICIAL	OFFICE HELD	

OATH

I swear or affirm that there have been no material changes in the information provided in my previously submitted report filed on _____ [date] and the statements contained in that Financial Disclosure Report (including any accompanying supplements) to the best of my knowledge and belief are true, correct, and complete.

SIGNATURE OF INDIVIDUAL COMPLETING REPORT

SWORN TO AND SUBSCRIBED BEFORE ME BY _____

PRINTED NAME OF INDIVIDUAL COMPLETING REPORT

ON THIS _____ DAY OF _____, 20____, TO CERTIFY WHICH, WITNESS MY HAND AND SEAL.

SEAL OF THE NOTARY PUBLIC

SIGNATURE OF THE NOTARY PUBLIC