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CITY OF ROUND ROCK, TEXAS

CITY OFFICIAL

FINANCIAL DISCLOSURE STATEMENT

FOR THE REPORTING PERIOD

2015

(Year)

This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

This statement is due within fifteen (15) days of the date the candidate declares his candidacy.

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2015

A. Name of Candidate: Kris Whitfield

Office Sought: City Council, Place 6

Residence Address: 3124 Aaron Ross Way

Business Address:

Telephone Numbers:

Home: ( )

Work: ( )

Cell: (512) 689-2450

Name of Spouse: Eric P. Whitfield

Name(s) of all dependent minor children:

Name(s) under which you, your spouse, and/or your dependent minor children do business:

B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. Identification of property: 2134 Aaron Ross Way, Round Rock TX 78665 38813 Estates at Settlers Park, Sec 3 Block L, Lot 15

2. Identification of property: _____

3. Identification of property: _____

4. Identification of property: _____

5. Identification of property: _____

(attach separate page if necessary)

SEPARATE PAGE

B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

6. Identification of property: _____

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7. Identification of property: _____

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8. Identification of property: _____

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9. Identification of property: _____

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10. Identification of property: _____

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C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

1. Name of entity: Swindell Whitfield Partnership

   Address of entity's principal place of business: 595 Round Rock West Dr Suite 405, Round Rock TX 78681

   Type of entity (corporation, partnership, etc.): Partnership

   Date of existence: 2002

   State of incorporation (if applicable): Texas

   Names of partners or trustees (if any): Scott Swindell (Closed 2015)

2. Name of entity: _____

   Address of entity's principal place of business: _____

   Type of entity (corporation, partnership, etc.): _____

   Date of existence: _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if any): _____

3. Name of entity: _____

   Address of entity's principal place of business: _____

   Type of entity (corporation, partnership, etc.): _____

   Date of existence: _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if any): _____

(attach separate page if necessary)

SEPARATE PAGE

C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

4. Name of entity: _____

Address of entity's principal place of business: _____

_____

Type of entity (corporation, partnership, etc.): _____

_____

Date of existence: _____

State of incorporation (if applicable): _____

Names of partners or trustees (if any): _____

_____

5. Name of entity: _____

Address of entity's principal place of business: _____

_____

Type of entity (corporation, partnership, etc.): _____

_____

Date of existence: _____

State of incorporation (if applicable): _____

Names of partners or trustees (if any): _____

_____

_____

6. Name of entity: _____

Address of entity's principal place of business: _____

_____

Type of entity (corporation, partnership, etc.): _____

_____

Date of existence: _____

State of incorporation (if applicable): _____

Names of partners or trustees (if any): _____

_____

_____

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of $10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

1. Name of person or business entity: _____

   Address: _____

   If repaid during reporting period, date of repayment: _____

   _____

2. Name of person or business entity: _____

   Address: _____
   If repaid during reporting period, date of repayment: _____

   _____

3. Name of person or business entity: _____

   Address: _____

   If repaid during reporting period, date of repayment: _____

   _____

4. Name of person or business entity: _____

   Address: _____

   If repaid during reporting period, date of repayment: _____

   _____

5. Name of person or business entity: _____

   Address: _____

   If repaid during reporting period, date of repayment: _____

   _____

6. Name of person or business entity: _____

   Address: _____

   If repaid during reporting period, date of repayment: _____

   _____

(attach separate page if necessary)

SEPARATE PAGE

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of $10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

7. Name of person or business entity: Chase Bank

Address: 3415 Vision Dr. Columbus, Oh 43259

If repaid during reporting period, date of repayment: _____

8. Name of person or business entity: Carmembers Services

Address: PO Box 94014 Palatine IL, 60094-4014

If repaid during reporting period, date of repayment: _____

9. Name of person or business entity: Citi Mortgage

Address: PO Box 68916 Des Moines IA 50368

If repaid during reporting period, date of repayment: _____

10. Name of person or business entity: Jumper Bank

Address: PO Box 1337 Philadelphia Pa 19101

If repaid during reporting period, date of repayment: _____

11. Name of person or business entity: First State Bank Central Tx

Address: 503 E. Palm Valley Blva RE

If repaid during reporting period, date of repayment: _____

12. Name of person or business entity: Wells Fargo

Address: PO Box 25341 Santa Ana Ca 92799

If repaid during reporting period, date of repayment: _____

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

1. Name of source: _____

Source's address: _____

_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

2. Name of source: _____

Source's address: _____

_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

3. Name of source: _____

Source's address: _____

_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

(attach separate page if necessary)

SEPARATE PAGE

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

4. Name of source: Health Sense Hospice

Source's address: 8000 Centre Park Dr, Suite 160
Austin Texas 78754

Type of entity (if applicable): Hospice

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): Texas

Names of partners or trustees (if applicable): _____

5. Name of source: V. Veterans Administration

Source's address: 4800 Memorial Dr.
Waco, TX 76711

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

6. Name of source: Paytek

Source's address: 240 Glenis Drive
Murfreesboro, TN 37129

Type of entity (if applicable): Collections

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

F. Identify the donor of each gift of more than one hundred fifty dollars ($150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: _____

   Value of gift: _____

   Name of source: _____

   Address of source: _____

   _____

   Type of entity (if applicable): _____

   Date entity came into existence (if applicable): _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if applicable): _____

   _____

   _____

2. Recipient of gift: _____

   Value of gift: _____

   Name of source: _____

   Address of source: _____

   _____

   Type of entity (if applicable): _____

   Date entity came into existence (if applicable): _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if applicable): _____

   _____

   _____

(attach separate page if necessary)

SEPARATE PAGE

F. Identify the donor of each gift of more than one hundred fifty dollars ($150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: _____

Value of gift: _____

Name of source: _____

Address of source: _____

_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

4. Recipient of gift: _____

Value of gift: _____

Name of source: _____

Address of source: _____

_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars ($600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: _____

   Value of gift: _____

   Name of source: _____

   Address of source: _____
   _____

   Type of entity (if applicable): _____

   Date entity came into existence (if applicable): _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if applicable): _____
   _____
   _____

2. Recipient of gift: _____

   Value of gift: _____

   Name of source: _____

   Address of source: _____
   _____

   Type of entity (if applicable): _____

   Date entity came into existence (if applicable): _____

   State of incorporation (if applicable): _____

   Names of partners or trustees (if applicable): _____
   _____
   _____

(attach separate page if necessary)

SEPARATE PAGE

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars ($600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: _____

Value of gift: _____

Name of source: _____

Address of source: _____
_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____
_____
_____

4. Recipient of gift: _____

Value of gift: _____

Name of source: _____

Address of source: _____
_____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____
_____
_____

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of $500.00 or more each, for a total of $2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving $2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

1. Name of individual or business entity: _____

_____

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

2. Name of individual or business entity: _____

_____

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

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(attach separate page if necessary)

SEPARATE PAGE

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of $500.00 or more each, for a total of $2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving $2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

3. Name of individual or business entity: _____

_____

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

4. Name of individual or business entity: _____

_____

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

_____

_____

Signed this 4 day of February, 2016.

(signature)

Kris Whitfield

(print or type name)

VERIFICATION

STATE OF TEXAS §
§
COUNTY OF WILLIAMSON §

BEFORE ME, the undersigned Notary Public, on this day personally appeared Kris Whitfield, known to me, and after being duly sworn, stated on oath that the foregoing and attached Financial Disclosure for 2015 is within the knowledge of affiant and is true and correct.

SWORN TO AND SUBSCRIBED TO BEFORE ME on this 4th day of February, 2016.

SARA LEIGH WHITE
MY COMMISSION EXPIRES
July 11, 2016

Notary Public, State of Texas.
Printed Name: Sara Leigh White
My Commission Expires: July 11, 2016