CITY OF GLENDORA INVESTMENT ADVISORY COMMITTEE

Supplemental Questionnaire

Applicant's Signature Date	
I certify that the above information is accurate to the best of my knowledge.	
5.	Are you or any member of your immediate family, employees or board members of any financial institution involved in the City of Glendora's investment program? If so, please explain this relationship.
4.	Do you or your employer have a business relationship with the City of Glendora? If so, please give a brief description.
3.	Briefly describe your experience with portfolio management including the portfolio size and other related financial experiences on the job or with volunteer work.
2.	List any financial licenses or certifications held. For example, Certified Public Accountant, Certified Financial Planner, etc.
	eded to give a complete answer: Briefly describe your financial education completed. Include any college, seminars, certificate courses, etc.
	ase type or clearly print your response to the following questions attaching a separate sheet if more space is
In a be pur disc	addition to the application required by Council Resolution and Administrative Policy 1.14, applicants wishing to considered for the Investment Advisory Committee need to complete this supplemental questionnaire. The pose of this questionnaire is to give applicants the opportunity to elaborate on their financial qualifications and close any potential conflicts of interest to the best of their ability. When a committee vacancy is declared, all uncil Members will receive copies of applications and supplemental questionnaires prior to appointment by the yor and confirmation by the City Council.
Name of Applicant:	