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TEXAS OFFICE OF CONSUMER  
CREDIT COMMISSIONER

# Supporting Financial Information

## Schedules 4 - 6

To be submitted with "Financial Statement (ADM17)"

If additional space is needed, attach a document identifying all required information noted below.

First Name

Middle Name (Full)

Last Name

As of Date:

Must match "As of" date on ADM17

Entity Name or Name of Owner/Sole Proprietor  
(as identified in Application for License)

### Sched. 4: Stocks and Bonds

Description; Name of Corp; No of Shares; and Nature of Business	Location	Par Value	Original Cost (Total)	Total Value at Current Market	Publicly Traded (Y/N)	Date Last Dividend or Interest

### Sched. 5: Real Estate

Description and Location	Nature of Improvement	Original Cost	Valuation Current Market	Appraisal District Valuation	Lien (Y/N)	Name on Title

**Sched. 6: Loans Payable, Mortgages, and Other Debts**

Exact Name and Mailing Address of Creditor	Description of Collateral	Original Principal	Payment Frequency	Payment Amount	Balance Due

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or [public.information@occc.texas.gov](mailto:public.information@occc.texas.gov).