MODEL AFFIDAVIT OF DISCLOSURE – TRANSACTIONAL

(This form should be filed with the Clerk of the local unit)

Ι,		(nam.	make the following disclosure under oath:
	X 7	Ì	e of officer/employee)
	Yes	No	
1.			I am an □elected or □appointed □officer or □employee of the [name of local unit], holding the position of
			in the department.
2.			I may derive income or benefit directly from a contract with the [name of local unit] or from any [type of unit] action detailed below.
			I may have a conflict between a personal interest and the public interest, the nature of which is disclosed below.
			I may have a financial interest in a matter proposed to be acted upon by the [name of local unit] as described below.
			I make this disclosure because of a possible appearance that I may be in violation of or in conflict with the [name of local unit's] Ethics Ordinance and/or Charter.
3.	My position	on is:	☐ Full Time ☐ Part Time (less than 25 hours/week) ☐ Unpaid
4.	DISCLOS	SURE A	RIBE IN DETAIL YOUR REASON(S) FOR SUBMITTING THIS AND EXPLAIN WHY YOU THINK A CONFLICT MAY/MAY NOT

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Employee
County,
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