MODEL AFFIDAVIT OF DISCLOSURE - ANNUAL

(One original and one copy to be filed with the Ethics Board/Advisor/Officer annually.)

The following elected and appointed officers and employees shall file an annual disclosure statement: [list should include members of the unit's governing body, other elected and appointed officers and employees, such as the directors and deputy directors of administrative departments, members of the zoning board of appeals and planning commission, and those who regularly exercise significant discretion over the solicitation, negotiation, approval, awarding, amendment, performance, or renewal of government contracts as set forth in Section 2 – 15 of the Ethics Ordinance as adopted by the local unit].

The annual disclosure statement shall include a summary listing of each business transaction with the [name of local unit] involving a financial interest during the TWO (2) CALENDAR years prior to the filing of the disclosure. If there is no reportable financial interest, the official/employee shall file a disclosure statement to that effect. If additional space is necessary, please attach an addendum to the disclosure with the information outlined below.

Yes  No

1. ☐ ☐ I, or a member of my immediate family, have an interest as a partner, member, employee or contractor in or for a co-partnership or other unincorporated association that has/had the following contract(s) with the [name of local unit]:

   Date and duration of contract: ________________________________________________
   Amount and terms: __________________________________________________________
   Parties involved: ____________________________________________________________
   Description of products or services to be provided to the [name of local unit]:

   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
2. ☐ ☐ I, or a member of my immediate family, have an interest as a beneficiary or trustee in a trust that has/had the following contract(s) with the [name of local unit]:

Date and duration of contract: ____________________________________________________
Amount and terms: _____________________________________________________________
Parties involved: _______________________________________________________________
Description of products or services to be provided to the [name of local unit]: __________
___________________________________________________________
___________________________________________________________
___________________________________________________________

3. ☐ ☐ I, or a member of my immediate family, have an interest as a director, officer, employee or contractor in or for a corporation that has/had the following contract(s) with the [name of local unit]:

Date and duration of contract: ____________________________________________________
Amount and terms: _____________________________________________________________
Parties involved: _______________________________________________________________
Description of products or services to be provided to the [name of local unit]: __________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
I, or a member of my immediate family, have legal or beneficial ownership of stock with a market value of $25,000 or more in a company which is doing business with the city and which is not listed on the New York or American Stock Exchanges that has/had the following contract(s) with the [name of local unit]:

Date and duration of contract: ____________________________________________________
Amount and terms: ______________________________________________________________
Parties involved: _________________________________________________________________
Description of products or services to be provided to the [name of local unit]: ________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I hereby certify that this disclosure is complete and accurate to the best of my knowledge, information and belief.

The foregoing Affidavit of Disclosure was executed on this ____ day of ____________, 20____.

___________________________________
Signature of Officer/Employee

___________________________________
Printed name of Officer/Employee

STATE OF MICHIGAN)
) CNTY OF________)

The foregoing instrument was acknowledged before me in _______________ County, Michigan this _____ day of ________________, 20__.  

___________________________________
Notary Public

____________________ County, Michigan
Acting in __________County, Michigan
My Commission Expires: _______________