

UNIFORM CONFLICT OF INTEREST STATEMENT

This Uniform Conflict of Interest Statement which is required pursuant to Section 2-488 of the Michigan City, Indiana Code shall be filed with the Personnel Director on or before May 1st of each year and thereafter whenever a conflict of interest arises.

OFFICE USE ONLY

Date Received

1. Name of Public Official or Employee Completing this Form.

2. Office, Board, Commission or Position Held by Person Named in Item 1.

3. Name Any Person or Business Entity which Conducts Business with the City of Michigan City and which the Person Named in Item 1 or Family Member of Such Person has a Pecuniary Interest. *If none, state "none."*

4. Describe the Nature and Extent of the Employment or Other Business Relationship which the Person Named in Item 3 has with the Person Named in Item 1 or Such Person's Family Member. *If none, state "none."*

5. Gifts. List Any Gift or Gifts which the Person Named in Item 1 or Family Member of Such Person Accepted from Any Person or Business which is Conducting or Attempting to Conduct Business with Any Agency of the City of Michigan City, if the Value or Aggregate Value of the Gifts or Gifts Exceed \$100.00 in a Period of Twelve Consecutive Months. *(Use additional sheets if necessary)*
If none, state "none."

Date Gift Accepted: _____ Description of Gift: _____

Date Gift Accepted: _____ Description of Gift: _____

Date Gift Accepted: _____ Description of Gift: _____

6. Affidavit

I swear under penalty of perjury that the above statements are true and correct. I acknowledge that this Disclosure Statement applies to a family member, as defined by Section 2-483 of the Michigan City, Indiana Code. I also acknowledge that this Disclosure Statement covers any twelve consecutive months.

Signature of Local Government Officer

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public

My commission expires:

