CITY OF LANSING
AFFIDAVIT OF DISCLOSURE

TO: CITY CLERK,
CITY ATTORNEY or
BOARD OF ETHICS

DATE: _____

I_____ make the following disclosure under oath:
(Name)

PLEASE CHECK THE BOX AND FILL IN THE APPROPRIATE BLANKS FOR EACH OF THE FOLLOWING ITEMS

	Yes	No	
1.	☐	☐	I am an ☐ elected or ☐ appointed ☐ officer or ☐ employee of the City of Lansing holding the position of _____ in the _____ Department
	☐	☐	I am an immediate family member related to an elected or appointed officer or employee of the City of Lansing named_____, holding the position of _____ in the _____ Department
	☐	☐	I am a Business Associate of an elected or appointed officer or employee of the City of Lansing named _____ holding the position of _____ in the _____ Department.
2.	☐	☐	I may derive income or benefit directly or indirectly from the bidding of, negotiation of, solicitation of or entry into a contract with the City or from and City action detailed below. (Charter 5-505.1)
	☐	☐	I may have a conflict between a personal interest and the public interest, the nature of which is disclosed below. (Charter 5-505.2) [Chapter 290.04(I) of the Code of Ordinances]
	☐	☐	I may have a financial interest in a matter proposed to be acted upon by the City of Lansing as described below. [Chapter 290.04(I) of the Code of Ordinances]
	☐	☐	I make this disclosure because of a possible appearance that I may be in violation of or in conflict with the City of Lansing Ethics Ordinance as provided for in the Code of Ordinances and in the City Charter.

3. My City of Lansing position is:
☐ Full-time ☐ Part-time (less than 25 hours/wk) ☐ Unpaid

4. ***PLEASE DESCRIBE IN DETAIL YOUR REASON(S) FOR SUBMITTING THIS DISCLOSURE AND EXPLAIN WHY YOU THINK A CONFLICT MAY/MAY NOT EXIST.***

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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____.

_____
Signed

State of Michigan, County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

_____
Notary Public/or Deputy Clerk

_____ County, Michigan

My Commission Expires:_____