

## UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT

This Uniform Conflict of Interest Disclosure Statement which is required pursuant to Section 2-488 of the Municipal Code of Michigan City, Indiana shall be filed with the Personnel Director on or before May 1st of each calendar 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 a family member of such person has a pecuniary interest. *If none, state "none."* (Use additional sheets if needed)**

**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."* (Use additional sheets if needed)**

**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 gift or gifts exceed \$100.00 in a period of twelve (12) consecutive months. *(Use additional sheets if necessary.) If none, state "none."*

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 Municipal Code of Michigan City, Indiana. I also acknowledge that this Disclosure Statement covers any twelve consecutive months including date of receipt by City.

\_\_\_\_\_  
Signature of Public Official or Employee

Received this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Name of Receiving Agent

\_\_\_\_\_  
Signature of Receiving Agent