

TOWN OF INDIAN HEAD
FINANCIAL DISCLOSURE FORM – APPOINTED OFFICIALS AND EMPLOYEES

Instructions:

1. Fill in the preliminary information requested in the box below. Be sure to correctly identify the reporting period.
2. Upon completion of your financial disclosure statement, sign and date the lower portion of the page and make the required oath of affirmation before a notary public or other officer authorized to take oaths.

Reporting Period: January 1 through December 20~~21~~²²

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PLEASE PRINT OR TYPE

FIRST NAME:	INITIAL:	LAST NAME:
TOWN AFFILIATION (INCLUDE DEPARTMENT AND UNIT WHERE APPLICABLE)		
CURRENT TOWN ADDRESS (WHERE YOU CAN BE SENT CORRESPONDENCE)		
CURRENT POSITION OR OFFICE HELD WITH THE TOWN		
E-MAIL ADDRESS		

During the Reporting Period did you receive any gifts from any person who contracts with or is regulated by the Town?

___ Yes

___ No

If Yes: (Answer each question below. A separate sheet will be required for each gift)

1. Who gave you the gift?

2. What was the nature of the gift? (Example: book, restaurant meal, theater tickets, etc.)

3. What was the approximate retail value of the gift?

4. If you received the gift from a business, list all names that the business uses or trades as:

▲-----

▼-----
Please use additional sheet(s), if necessary, for any additional entries.

I understand that I must disclose to the Town Ethics Commission any employment or interests that raise conflicts of interest or potential conflicts of interest in connection with a specific proposed action in which I may be involved on behalf of the Town sufficiently in advance of the action to provide adequate disclosure to the public.

I hereby make oath or affirm under the penalties of perjury that the contents of this financial disclosure statement, including the Schedules attached hereto, are complete, true and correct to the best of my knowledge, information and belief.

Signature of Person Filing: _____

(SEAL) **Date:** _____

Sworn to before me this _____ **day of** _____

Signature of Notary Public: _____

Printed/Typed Name of Notary Public: _____

My Commission Expires: _____

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