



COUNTY OF MACOMB PERSONAL DISCLOSURE FORM

GENERAL INFORMATION:

First Name:	Middle Initial:	Last Name:
Department:		

PURPOSE:

Macomb County's Ethics Ordinance requires that every Public Servant of Macomb County file a Personal Disclosure Form. In order to comply with the requirements of the Ethics Ordinance, please answer each of the following questions:

1. Do you or a member of your immediate family* have an interest as a partner, member, employee or contractor in or for a co-partnership or other unincorporated association in a company, business or entity that has contracted with Macomb County or which has sought licensures or approvals from Macomb County in the two calendar years prior to filing of this statement?

YES NO

IF YES, PLEASE EXPLAIN:

2. Do you or any member of your immediate family* have an interest as a beneficiary or trustee in a trust in a company, business or entity that has contracted with Macomb County or which has sought licensures or approvals from Macomb County in the two calendar years prior to filing of this statement?

YES NO

IF YES, PLEASE EXPLAIN:

3. Do you or any member of your immediate family* have any interest as a director, officer, employee or contractor in or for a corporation, limited liability company, partnership, sole proprietorship, or other business entity that has contracted with Macomb County or which has sought licensures or approvals from Macomb County in the two calendar years prior to filing of this statement?

YES NO

IF YES, PLEASE EXPLAIN:

4. Do you or a member of your immediate family* have a legal or beneficial ownership of 10% or more of the total outstanding stock of a corporation, limited liability company, partnership, sole proprietorship, or other business entity that has contracted with Macomb County or which has sought licensures or approvals from Macomb County in the two calendar years prior to filing of this statement?

YES NO

IF YES, PLEASE EXPLAIN:

5. Did you or a member of your immediate family* receive any gifts** from a company, business or entity that has contracted with Macomb County or which has sought licensures or approvals from Macomb County in the two calendar years prior to filing of this statement.?

YES NO

IF YES, PLEASE EXPLAIN:

Note: If you discover that you neglected to disclose some required information, you are required to all file an amended form within 10 days of the discovery or notification.

I CERTIFY THAT THE INFORMATION ON THIS FORM, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT AND ACCURATE. I UNDERSTAND THAT I MAY BE SUBJECT TO DISCIPLINE AND/OR OTHER SANCTIONS AS SET FORTH IN THE ETHICS ORDINANCE IF I HAVE OMITTED OR FALSIFIED INFORMATION.

Signature

Date

* *Immediate family as defined in the Ethics Ordinance means a person's spouse and the person's children and stepchildren by blood or adoption or anyone over the age of 18 who resides with that person.*

** *Gifts as defined in the Ethics Ordinance means any gratuity, discount, entertainment, hospitality, loan, forbearance, or other tangible or intangible item having monetary value including, but not limited to, cash, food and drink, travel, lodging, and honoraria for speaking engagements.*