CITY OF ELSMERE

STATEMENT OF FINANCIAL DISCLOSURE

In accordance with this jurisdiction's ethics ordinance and amendments, this statement of financial interests shall be filed with the Board of Ethics, or the administrative official designated as the custodian of its records by the Board of Ethics, no later **than April 30th.** A newly appointed officer or employee must file this statement no later than thirty (30) days after the date of appointment. A candidate for office must file this statement no later than thirty (30) days after the filing deadline for the elected city office for which that person became a candidate.

Please note that you are advised to read the ethics ordinance and are responsible for fulfilling the requirements contained therein. **If the question is not applicable to your particular situation, indicate "non-applicable." Do not leave blank spaces.**

PLEASE TYPE OR PRINT

1. NAME: _____
   HOME ADDRESS w/CITY & ZIP: _____
   EMPLOYER/BUSINESS NAME: _____
   EMPLOYER/BUSINESS ADDRESS: _____
   DAYTIME PHONE: _____

2. TITLE OF POSITION HELD OR SOUGHT: _____

3. OCCUPATION (if retired state so): _____
   OCCUPATION OF SPOUSE (if none state so): _____

4. LIST SOURCES OF INCOME FOR FILER AND THE FILER'S IMMEDIATE FAMILY MEMBERS EXCEEDING FIVE THOUSAND DOLLARS ($5,000) DURING THE PRECEDING CALENDAR YEAR, AND THE NATURE OF THE INCOME (e.g. salary, commission, dividends, retirement fund distribution, etc.)

SOURCE OF INCOME	NATURE OF INCOME
_____	_____
_____	_____
_____	_____

5. LIST THE NAME AND ADDRESS OF ANY BUSINESS LOCATED WITHIN THE STATE IN WHICH THE FILER OR ANY MEMBER OF THE FILER'S IMMEDIATE FAMILY HAD AT ANY TIME DURING THE PRECEDING CALENDAR YEAR AN INTEREST OF TEN THOUSAND DOLLARS ($10,000.00) AT FAIR MARKET VALUE OR FIVE PERCENT (5%) OWNERSHIP INTEREST OR MORE.

NAME OF BUSINESS	ADDRESS
_____	_____
_____	_____
_____	_____

(Continued on the other side)

6. LIST THE NAME AND ADDRESS OF ANY BUSINESS LOCATED OUTSIDE OF THE STATE, IF THE BUSINESS HAS ENGAGED IN ANY BUSINESS TRANSACTIONS WITH THE CITY DURING THE PAST THREE (3) YEARS, OR WHICH IS ANTICIPATED TO ENGAGE IN ANY BUSINESS TRANSACTIONS WITH THE CITY, IN WHICH THE FILER OR ANY MEMBER OF THE FILER'S IMMEDIATE FAMILY HAD AT ANY TIME DURING THE PRECEDING CALENDAR YEAR AN INTEREST OF TEN THOUSAND DOLLARS ($10,000.00) AT FAIR MARKET VALUE OR FIVE PERCENT (5%) OWNERSHIP INTEREST OR MORE.

NAME OF BUSINESS	ADDRESS
_____	_____
_____	_____
_____	_____

7. LIST THE LOCATION OF ALL REAL PROPERTY WITHIN THE COUNTY OTHER THAN THE FILER'S PRIMARY RESIDENCE, IN WHICH THE FILER OR ANY MEMBER OF THE FILER'S IMMEDIATE FAMILY HAD DURING THE PRECEDING CALENDAR YEAR AN INTEREST OF TEN THOUSAND DOLLARS ($10,000.00) OR MORE. DESIGNATE PROPERTY AS RURAL, COMMERCIAL OR RESIDENTIAL.

LOCATION OF PROPERTY	DESIGNATION
_____	_____
_____	_____
_____	_____

8. LIST EACH SOURCE BY NAME AND ADDRESS OF GIFTS OR HONORARIA HAVING AN AGGREGATE FAIR MARKET VALUE OF ONE HUNDRED DOLLARS ($100.00) OR MORE FROM ANY SINGLE SOURCE, IN CONNECTION WITH THEIR POSITION WITH THE CITY, EXCLUDING GIFTS FROM FAMILY MEMBERS, RECEIVED BY THE FILER OR ANY MEMBER OF THE FILER'S FAMILY DURING THE PRECEDING CALENDAR YEAR.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

9. LIST THE NAME AND ADDRESS OF ANY CREDITOR OWED MORE THAN TEN THOUSAND DOLLARS ($10,000.00) EXCEPT DEBTS ARISING FROM THE PURCHASE OF A PRIMARY RESIDENCE OR THE PURCHASE OF CONSUMER GOODS WHICH ARE BOUGHT OR USED PRIMARILY FOR PERSON, FAMILY, OR HOUSE HOLD PURPOSES.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

_____ _____

SIGNATURE OF FILER **DATE**

Nothing in this financial interest statement shall be construed to require any officer or employee to disclose any specific dollar amounts nor the names of individual clients or customers or businesses listed as sources of income. In the event there is a material change in any information contained in a financial statement that has been filed by the Board, the filer must, no later than thirty (30) days after becoming aware of the material change, file an amended statement with the Board.

NKADD Staff Use Only:

Filing Year: **Date Received:** **Received By:**