

OUTAGAMIE COUNTY DISCLOSURE
IN COMPLIANCE WITH RESOLUTION 46—1974 AND ORDINANCE C-2010-11
AND CHAPTER 2, SECTION 2-424 – 2-426 OF THE OUTAGAMIE COUNTY
CODE OF ORDINANCES

The purpose of this Disclosure Statement is to make full disclosure of all potential or actual conflicts of interest. Conflicts of interest occur when the personal interests, financial or otherwise, of a person actually or potentially interfere with the person's professional obligations to and/or the best interests of Outagamie County.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE

POSITION OR CAPACITY WITH OUTAGAMIE COUNTY (now held or seeking):
County Board Supervisor, District #

PRINCIPAL EMPLOYER(S) NAME

ADDRESS

SOURCE OF INCOME IN EXCESS OF \$1,200 PER YEAR (List all sources or anticipated in excess of \$1,200/year). List any interest in any business, contract, lease or item of value, the nature and extent of such interest, holding or employment which may involve a conflict of interest or potential conflict or ethics problem in conducting county business.

I, _____ currently serving or will be serving Outagamie County in the capacity of County Board Supervisor Dst. certify that I anticipate no income from any other source to be in conflict with the county ethics code nor do I have any holdings not disclosed which would be in conflict or a potential conflict of interest or violation of the Outagamie County Code of Ordinances, Chapter 2, Section 2-424 – Section 2-426, Resolution 46—1974 and Ordinance C-2010-11.

Signature

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

Notary Public

Commission Expires: _____

Seal