

ATTACHMENT A
ANNUAL STATEMENT OF DISCLOSURE
FOR EMPLOYEES OF THE TOWN OF NEWSTEAD
FOR CALENDAR YEAR 20_____

NAME: _____

ADDRESS: _____

EMAIL: _____ SPOUSE'S NAME: _____
(If applicable)

CELL PHONE#: _____ HOME #: _____

DATE OF HIRE/APPOINTMENT/ELECTION: _____

The purpose of this “Annual Disclosure” is to identify potential conflicts of interest before such conflicts occur. In answering the questions below, the following definitions are critical:

- A. Interest, as used in this Disclosure, is defined as follows:
1. Providing goods, influence, investment, property or service(s) to any person, business or entity for which compensation or benefit is expected or received, and
 2. Holding ownership, title or right, alone or with others, to a property, within the Town or bordering the Town.
- B. Contract, as used in this Disclosure, shall be defined in accordance with Standard English usage.

Please answer the following four questions and then sign your name.

1. Do you, your spouse or dependents have an interest in any business or entity doing business with the Town currently or within the past twelve (12) months?
Yes _____ No _____
2. Do you, your spouse or dependents have an interest in any contract made or executed by the Town within the past twelve (12) months?
Yes _____ No _____
3. Do you receive any benefits, compensation, or other consideration that are derived directly or indirectly from your employment or association with the Town of Newstead other than your remuneration from the Town for the services you provide?
Yes _____ No _____

If you answered yes to any of the above questions, please describe the nature, source and amount of such benefits, compensation and other considerations.

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4. **During the current year, if there are any changes in your answers to items 1, 2, or 3 above, you must file an amended “Annual Disclosure” with the Town Clerk within thirty (30) days of such change.**

I hereby certify that the information I have provided in this annual disclosure is true, correct, and complete. I have reviewed the current Code of Ethics for the Town of Newstead.

Date: _____

Signature

Print Name

ATTACHMENT B
TOWN OF NEWSTEAD CODE OF ETHICS
TRANSACTIONAL STATEMENT OF DISCLOSURE
(only fill out this form if you have a potential conflict to disclose)

NAME: _____

ADDRESS: _____

POSITION: _____

MATTER TO BE DISCLOSED: _____

REASON FOR DISCLOSURE: _____

DO YOU PLAN TO RECUSE YOURSELF DUE TO THIS DISCLOSURE?

Yes _____ No _____ IF NO, PLEASE STATE THE REASON (S)

Date: _____

Signature

Print Name