

### **City of Bozeman**

# **Financial Disclosure Statement**

Required by Sect. 2.01.100 of Ordinance No. 1759 and the City Charter

#### Introduction:

The City of Bozeman and the Bozeman Board of Ethics would like to help individuals understand the need to complete the attached Financial Disclosure Statement. Those who serve the City of Bozeman represent the community by their actions each and every day. The public deserves to be represented by individuals that are free from conflicts of interest. With the completion of a Financial Disclosure Statement, individuals are further indicating to the community a responsibility to be above reproach in their financial affairs. With the annual completion of the financial statement, the signer will be reminded of the need to avoid financial conflicts of interest in fact or in appearance.

Montana's public records laws require that, once signed, these forms are on file in the City Clerk's office, for review by the public. This is not meant to discourage individuals from participating in City government, but is meant to assure the public that relationships that may be of concern are properly disclosed.

A list of individuals who are required to fill out this form will be prepared each year and will be on file with the City Clerk. Persons required to file will receive mailed notice each year.

This form must be filled out annually by those who are "major financial decision makers:"

- All City Commission Members, the City Manager, and Department Directors; and
- Any employee or board member who is an "authorized signatory" for claims approval, according to the official signatory forms in the finance office; and
- Members of City boards that have expanded financial authority (not just advisory roles):
  - Library Board of Trustees
  - Parking Commission
  - All Business Improvement District Boards
  - o All Urban Renewal District Boards

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ANNUAL DISCLOSURE STATEMENT FOR THE YEAR BEGINNING JANUARY  Return to: Bozeman City Clerk, 121 N Rouse, PO Box 1230, Bozeman, MT 59771		
Name:		
Address of Permanent Residence:		
Current Position with City of Bozeman: _		
Section 2. BENEFITS CURRENTLY RECEIVE	VED FROM EMPLOYERS (Present & Past)	
I currently receive salary and/or benefits	(health insurance, retirement payments, retirement accounts	
that continue to accrue interest, dividen	ds, or shares, etc.) from the following present or past	
employers:		
1. Name of Employer:		
Employer's Address:		
Type of Benefits		
Section 3. BUSINESS INTERESTS		
occupations), firms, corporations, partne	nore in the following businesses (including self-employed erships or other businesses or professional entities or trusts.	
	Type of Business:	
2. Name of Business:		
Address:	Type of Business:	
3. Name of Business:		
Address:	Type of Business:	
4. Name of Business:		
Address:	Type of Business:	

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# Section 4. POSITIONS HELD WITH OTHER GOVERNMENTS, NON-PROFITS, BOARDS OF DIRECTORS, ETC.

In addition my current position with the City of Bozeman, I am also <u>currently</u> an officer, director, or registered agent for the following entities (including non-profits, government boards, private boards, etc.)

1. Name of Organization	Office Held:
Address:	
	Office Held:
Address:	
	Office Held:
Address:	
	Office Held:
Address:	
Section 5. REAL PROPERTY	
real property. This includes property that I own owned as a tenant in common or owned jointly	n or have an interest of 10% or more in the following noutright, under a mortgage, leased, held in trust, is with other individuals. (Indicate whether the nature of commercial, timeshare, etc.) Attach list if necessary.
1. Address of the Property:	
Nature of Interest Held in the Property:	
2. Address of the Property:	
Nature of Interest Held in the Property:	
3. Address of the Property:	
Nature of Interest Held in the Property:	
4. Address of the Property:	
Nature of Interest Held in the Property:	

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## Section 6. OTHER

OPTIONAL: I would like to take this opportunity to d	lisclose the following relationships that may be
perceived as a conflict in the function of my duties. (	ie. Spousal or familial relationships, past employers
that I no longer work for, other items that are not re-	quired to be disclosed above, etc.)
Section 7. CERTIFICATION	
I hereby certify that the foregoing statements are tralso understand that filing of this statement DOES N	
upon the record and/or abstain from voting in matt	ers where I have a conflict of interest.
Signature	Data
Signature	Date

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<sup>\*\*\*</sup>Print and sign. Clerk must receive an original signed form.