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### STATEMENT OF INTERESTS FORM

The filing of this statement is required by Section 3.35(9) of the [Madison General Ordinances](#).  
*Everyone required to file must respond to ALL of the items, except as indicated.*

#### Contact Information:

Name:     
First Name MI Last Name

#### City Employee Information:

Department:

Job Title or Classification:

Work Phone:   
###-###-####

#### Organization Information:

Identify every organization of which you or an adult member of your immediate family is an officer or director, or of which you or a member of your immediate family owns or controls, directly or indirectly, severally or in the aggregate, at least two percent (2%) of the outstanding equity. Membership ONLY in an organization or the identity of an organization operated to influence voting at any election need not be disclosed. If you have no organizations to disclose, please leave the organization boxes blank.

Organization 1:	<input type="text"/> <small>Formal Organization Name</small>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Organization 2:	<input type="text"/> <small>Formal Organization Name</small>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Organization 3:	<input type="text"/> <small>Formal Organization Name</small>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Organization 4:	<input type="text"/> <small>Formal Organization Name</small>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Organization 5:	<input type="text"/> <small>Formal Organization Name</small>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member

Additional Organizations:

#### Creditor Information:

Identify creditors to whom you or a member of your "immediate family" owes \$10,000 or more with the exceptions of mortgages on your principal residence or that of your immediate family, mutual funds, credit card debt, student loans, and health-related debt. If you have no creditors to disclose, please leave the creditor boxes blank.

Creditor 1:	<input type="text"/>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Creditor 2:	<input type="text"/>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Creditor 3:	<input type="text"/>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Creditor 4:	<input type="text"/>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member
Creditor 5:	<input type="text"/>	Held by: <input type="checkbox"/> Filer <input type="checkbox"/> Family Member

Additional Creditors:

#### Real Estate Information:

Identify all real estate within Dane County, other than primary or principal residence, in which you or any member of your "immediate family" has a direct or indirect interest, and the identity of any entity owning or controlling any real estate within Dane County in which you or any member of your immediate family has a direct or indirect interest. If you have no real estate to disclose, please leave the real estate boxes blank.

### STATEMENT OF INTERESTS

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**CONTACT  
SUPPORT**

**Real Estate 1:**  **Held by:**  Filer  
 Owned and Controlled By  Family Member  
  
 Street Address  
    
 City State Zip Code

**Real Estate 2:**  **Held by:**  Filer  
 Owned and Controlled By  Family Member  
  
 Street Address  
    
 City State Zip Code

**Real Estate 3:**  **Held by:**  Filer  
 Owned and Controlled By  Family Member  
  
 Street Address  
    
 City State Zip Code

**Additional Real Estate:**

**Corporation & Business Information:**

Identify all stocks, bonds, debentures or other forms of debt obligation of any corporation or other business or entity collectively in excess of \$8,000 held by you or a member of your "immediate family". However, it is not necessary to disclose any amounts of mutual funds, personal checking accounts, time deposit accounts, or other savings or retirement fund accounts held by any financial institution, the United States government, any City-approved deferred compensation program, the Wisconsin Retirement Fund or any other organization maintaining such debt obligation as part of a public employee retirement fund. If you have no corporations or businesses to disclose, please leave the corporation and business boxes blank.

**Corporation, Business, or Entity 1:**  **Held by:**  Filer  
 Family Member

**Corporation, Business, or Entity 2:**  **Held by:**  Filer  
 Family Member

**Corporation, Business, or Entity 3:**  **Held by:**  Filer  
 Family Member

**Corporation, Business, or Entity 4:**  **Held by:**  Filer  
 Family Member

**Corporation, Business, or Entity 5:**  **Held by:**  Filer  
 Family Member

**Additional Corporations, Businesses, or Entities:**

Signature:

I declare that the foregoing information is correct and complete to the best of my knowledge as of this date.

**Signature:**  **Date:** December 4, 2014  
 Type your name