CITY OF MADISON STATEMENT OF INTERESTS



All elected and appointed officials and employees of the City of Madison are expected to carry out their duties in the best interests of the City. The following Statement of Interests is intended to provide information that will identify potential conflicts of interest with those duties. Serving as officers or directors on the board(s) of organizations, as well as certain financial information, may indicate the possibility of a conflict of interest. Notwithstanding this disclosure, all persons holding positions with the City of Madison have the continuing responsibility to avoid conflicts of interest as they carry out their responsibilities. See Madison General Ordinance 3.35(5) "Standards of Conduct" for additional information on disclosure and disqualification.

- 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.

1.	NAME		
	ADDRESS		
	CITY/STATE/ZIP	TELEPHONE	
	OFFICE/COMMITTEE POSITION HELD OR SOUGHT		
	CITY EMPLOYEE CLASSIFICATION OR JOB TITLE		

2.	EMPLOYER'S NAME
	EMPLOYER'S ADDRESS(S)
	POSITION(S) HELD WITH EMPLOYER(S)

3. Identify every organization¹ of which you or an adult member of your immediate family² 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.

ORGANIZATION	HELD BY FILER OR FAMILY MEMBER?

¹ "Organization" means any public or private, profit or non-profit, religious, educational, charitable or political organization or entity but does not include governmental bodies.

² "Immediate Family" means (1) An individual's spouse or designated family or registered domestic partner, or (2) an individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of her or his support.

 Identify creditors to whom you or a member of your "immediate family" owes \$10,000 or more with the exceptions of mutual funds, credit card debt, student loans, health-related debt and mortgages on your principal residence or that of your immediate family.

CREDITOR	OWED BY FILER OR FAMILY MEMBER?

5. 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.

TYPE AND ADDRESS	OWNED AND CONTROLLED BY	HELD BY FILER OR FAMILY MEMBER?

6. Persons who are incumbents only by virtue of membership on boards, commissions, ad hoc committees or sub-committees need NOT complete this item.

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.

CORPORATION, BUSINESS OR ENTITY	HELD BY FILER OR FAMILY MEMBER?

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

SIGNATURE

DATE

STATEMENT OF INTERESTS MUST BE SIGNED AND DATED

RETURN TO:



CITY CLERK'S OFFICE 210 MARTIN LUTHER KING JR BLVD RM 103 MADISON WI 53703 Tel. (608) 266-4601 • TTY/Textnet: (866) 704-2340 • Fax: (608) 266-4666