

Instructions:

Print out page 2.

Find as many words as possible.

Complete your name, department and phone number on the form.

Submit your form to the Milwaukee County Ethics Board by fax: 223-1897

OR

By Email (if you can scan completed form) to: mcethicsboard@milwcnty.com

This game is due to the office on Monday, May 2, 2011 to be placed in the drawing for the gift of appreciation.

EMPLOYEE NAME: _____ DEPT: _____

PHONE NUMBER: _____

CORPORATE COMPLIANCE WEEK – BROUGHT TO YOU BY THE MILWAUKEE COUNTY ETHICS BOARD

D J S I N T E R E S T S P S S
R I H E L D S M R M E B O A R
E P R P R O P E R T Y S S M O
L S I E U U F E A O I E I Z T
A E T G C S T D T G F L T C I
T P H A N T I N N H W M I S D
I T P A T D O I E A I M O T E
O N R O N E F R U B O C N N R
N T R A I I M K S N E E S E C
S B C O C N E E O H D D A B O
H E Z A W E T C N O I L U M U
I D N O B S E E C T G P B U N
P T Y R A I C U D I F H S C T
S V A F F I D A V I T H S N Y
S N O I T A G I L B O G R I D

AFFIDAVIT
CANDIDATES
CREDITORS
DIRECTORSHIPS
FIDUCIARY
INCUMBENTS
OBLIGATIONS
REAL
SOUGHT
TRANSFERS

APPOINTED
CODE
DEBENTURES
ECONOMIC
FORM
INTERESTS
POSITIONS
RELATIONSHIPS
STATEMENT

BOND
COUNTY
DEBT
ETHICS
HELD
MILWAUKEE
PROPERTY
SIGNIFICANT
SWORN

EMPLOYEE NAME: _____ DEPT: _____

PHONE NUMBER: _____