APPENDIX A

AFFIDAVIT

Please check the appropriate boxes below and sign this form in front of a valid Notary Public for the State of Wisconsin.

STATE OF WISCONSIN)
) ss.
MILWAUKEE COUNTY)

The undersigned, being duly sworn on oath, deposes and says that ☐ ***he*** / ☐ ***she*** is a County ☐ ***employee*** / ☐ ***appointed official*** / ☐ ***elected official*** / ☐ ***candidate*** of Milwaukee County; that ☐ ***he*** / ☐ ***she*** has read and understands and to the best of ☐ ***his*** / ☐ ***her*** knowledge and belief, ☐ ***he*** / ☐ ***she*** has complied with the provisions of Chapter 9 of the General Code of Ordinances of Milwaukee County relating to a Code of Ethics.

_____
Signature of Affiant

_____
Title of Affiant

Subscribed and sworn to before me

This _____ day of _____, 20___

_____
Signature of Notary

My commission expires on _____

(Affidavit is pursuant to S. 9.03(5) of Chapter 9 – Code of Ethics, C.G.O.)