THIS SPACE FOR ETHICS BOARD OFFICE USE ONLY

2020

_____

Last Name First Name M.I.

APPENDIX A

AFFIDAVIT

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.)