**EASTERN BAND OF CHEROKEE INDIANS**
**DISCLOSURE BY TRIBAL OFFICIALS**
**REPORT OF GIFTS, DONATIONS OR CONTRIBUTIONS**
**(Sec. 117-45.3(d)(9))**

Filing Period: ☐ 1st Quarter Oct-Dec (due January 15) ☐ 2nd Quarter Jan-Mar (due April 15) ☐ 3rd Quarter Apr-Jun (due July 15) ☐ 4th Quarter Jul-Sept (due October 15)

Name of Tribal Official: _____

**Have you received any gifts, donations, or contributions during this period:** ☐ **YES** ☐ **NO** *(If yes, list below)*

| Name of person/group giving | Description | Date Received | Value |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

**Have you given any gifts, donations or contributions during this period:** ☐ **YES** ☐ **NO** *(If yes, list below)*

| Name of person/group receiving | Description | Date Given | Value |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

**Has a member of your immediate family "spouse, parents, children, or siblings" received anything of value from a contractor, subcontractor, and/or potential contractor of the EBCI during the time frame covered by this report.** ☐ **YES** ☐ **NO** ☐ **I Don't Know** *(If yes, list each name below)*

| Name of person receiving | Description of what was received | From whom did they receive |
|---|---|---|
| | | |
| | | |
| | | |

**Attach additional sheets if more space is needed.**

By signing this document you affirm that the information provided above is true and accurate to the best of your knowledge.

Signature of Tribal Official: _____ Date: _____

Submit form to the Office of Internal Audit and Ethics
738 Acquoni Road • *P.* 828-359-7030 • *E.* oia@ebci-nsn.gov
Form may be submitted by email, hand delivery or interoffice mail.

*December 2021*