

EASTERN BAND OF CHEROKEE INDIANS OFFICE OF INTERNAL AUDIT AND ETHICS ATTESTATION AND DISCLOSURE STATEMENT Cherokee Code Sec. 117-45

The Audit and Ethics Committee and the Office of Internal Audit and Ethics are responsible for the compliance and enforcement of Cherokee Code Chapter 117, Article IV Sec. 117-45 Standards of Ethical Conduct. As a Tribal Official you are required to submit an Attestation and Disclosure Statement upon becoming elected or appointed. The purpose is to acknowledge your understanding of the Standards of Ethical Conduct, to identify your immediate family, and to identify businesses or entities which you or your immediate family have a personal interest.

TRIBAL OFFICIAL DEMOGRAPHICS

| Full Name: | | | | | | |
|---|---|--|--|------------------------------------|--|--|
| Mailing Address: | | | | Phone No.: Email: Community: | | |
| Check the box that describes your status: Elected Appointed | | | | | | |
| Term Beginning - Ending Dates | _ | | | | | |
| If appointed, by whom: | | | | | | |

IMMEDIATE FAMILY

Please list members of your immediate family which is your spouse, parent, child, brother, and sister (117-45.1(5))

| Name | Relation | Name | Relation |
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Attach additional sheets if necessary

PERSONAL INTERESTS

Please list all businesses or entities which you or your immediate family have a personal interest (117-45.1(3))

| Business/Entity name and address | Name of person(s) with personal interest | Type of interest (owner, employee, contract, etc.) | ownership If employee, title If other, value of interest |
|-------------------------------------|---|---|---|
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Attach additional sheets if necessary

ACKNOWLEDGMENT

Please check each box below to indicate you have read the acknowledgment statements.

I hereby acknowledge that I have received, read, understand and will abide by the Standards of Ethics Conduct.

I hereby acknowledge that I will be responsible for obtaining all future amendments thereto.

I hereby acknowledge that this information is complete, true and accurate.

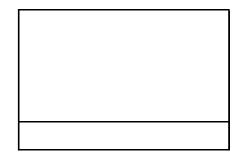
Signature:

Date: _____

If owner, %

Office Use Only:

Date/Time Stamp



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. Attach additional pages if needed.