



**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

Appointed/Elected to: _____

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

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.)	If owner, % ownership If employee, title If other, value of interest

Attach additional sheets if necessary

CONTRACT DISCLOSURE

Do you have any contracts with a Tribal entity, enterprise or program?

No

Yes (Please list below).

CHARGES AND/OR CONVICTIONS

In the past 12 months, have you been charged with or convicted of any misdemeanor or felony offenses?

No

Yes (Please list below).

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 Ethical 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: _____

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.