

## Instructions Regarding the Financial Disclosure Statement

1. **Who files?** Every member of the Band's Tribal Council whose term of office included any part of the previous calendar year. In addition, those Public Officials and Public Employees whose Official Duties include the authority to independently approve contracts or otherwise bind the Band to financial obligations exceeding \$10,000 per year (and whose employment or term of appointment included any part of the previous calendar year.)
2. **Why Must I file?** Section 9.01 of the Band's Ethics Code requires the individuals described in number one above to file a Financial Disclosure Statement. As required by Section 9.03 of the Ethics Code, the information requested in the Financial Disclosure Statement is designed to fulfill the requirements of the Code.
3. **Reporting Period.** The reporting period is the entire twelve-month period of the previous calendar year. Financial Disclosure Statements are due on or before January 31 for the prior calendar year.
4. **Will I have to file a financial disclosure statement every year?** Yes, provided you are one of the individuals described in number one above; however, if you have filed a complete Financial Disclosure Statement in the immediately preceding year, then in the subsequent year, you will only have to report material changes to the information previously filed. The Ethics Board has defined material change to mean an income change of \$10,000 or 10% from the previous year.
5. **If you have no response to a particular question.** If you have nothing to report with regard to any specific question on this Financial Disclosure Statement, please check the box indicating that you have nothing to report. Please do not leave any question blank.
6. **I filed my Financial Disclosure Statement, but I forgot to include something or I need to change something on my Financial Disclosure Statement, what should I do?** You must file an amendment or a supplement to your existing Financial Disclosure Statement. Please contact the Ethics Board for additional information.
7. **Penalties for non-compliance.** Failure to file a Financial Disclosure Statement or complete the Financial Disclosure Statement as required by the Pokagon Band Ethics Code constitutes a violation of Pokagon Band law. Violations of the Pokagon Band Ethics Code may result in a recommendation of removal from appointed position; prohibition from serving in an appointed position for up to 3 years; and/or a fine of up to a \$1,000 for each violation, as well as the imposition of costs and fees incurred by the Ethics Board.
8. **Confidentiality.** Financial Disclosure Statements filed with the Ethics Board are confidential and are protected by the Ethics Board from unauthorized disclosure under penalty of law.

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9. **What if I have additional questions?** If you have any questions about how to complete this Financial Disclosure Statement, please contact the Ethics Board by email at [Ethics.Board@PokagonBand-nsn.gov](mailto:Ethics.Board@PokagonBand-nsn.gov) or by telephone at (269) 462-4286.
  
10. **Where do I return the completed Financial Disclosure Statement?** When you have completed this form, please make sure that you have completed the certification on the last page, have the form notarized, and return it to the Ethics Board. All completed forms must be returned to the Ethics Board by U.S. mail with the Ethics Board Office c/o Heidi Duncan, Duncan & Associates PLLC, 107 Pennsylvania Ave., Dowagiac, MI 49047. Please note that at this time, the Ethics Board does not have a physical office and Heidi Duncan, Duncan & Associates PLLC is currently serving in the role of legal advisor for the Ethics Board and will accept materials to be filed with the Ethics Board. Heidi Duncan, Duncan & Associates PLLC can only receive your material, it cannot offer any advice about the Ethics Code, review your filing, etc. If you have any questions or need any forms from the Ethics Board, please contact the Ethics Board at [ethics.board@pokagonband-nsn.gov](mailto:ethics.board@pokagonband-nsn.gov) or (269) 462-4286.

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**ETHICS BOARD  
FINANCIAL DISCLOSURE STATEMENT  
REPORTING PERIOD - CALENDAR YEAR 2020  
DUE DATE January 31, 2021**

**Section I. Personal Information**

First Name, Middle Initial, Last Name			Title			Board, Committee, or Department Name		
I am a	<input type="checkbox"/>	Current Public Official.						
	<input type="checkbox"/>	Former Public Official. My term of office ended _____.						
	<input type="checkbox"/>	Current Public Employee.						
	<input type="checkbox"/>	Former Public Employee. My employment ended _____.						
Pokagon Band Work Phone			Pokagon Band Work Mailing Address			Pokagon Band Email Address		
Home Phone				Home Mailing Address				
Spouse's or Life-Partner's First Name, Middle Initial, Last Name								
Please list name(s) and age(s) of all dependent(s).								
_____								
_____								
_____								
_____								

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**Section 2. Income.** For yourself, your spouse (or life partner) and any dependents, list all income, payments, compensation, or consideration of any nature (including, but not limited to salaried employment, consultant fees, offices, directorships, honoraria, and other fees, etc.) earned during the reporting period of \$25 or more, including the source of such payment, compensation, or consideration. Please note that you do not have to list per capita or Elders Stipend payments received from the Pokagon Band. (Attach additional pages if necessary.) If you have nothing to report, please check the following:  Nothing to Report.

Name and address of person or entity for whom services were rendered.	Description of the services rendered for the payment, compensation, or consideration.	Person to whom such payments, compensation, or consideration were paid (Self, Spouse or Life-Partner, or dependents.) If dependent, list dependent's name.	Income Amount A = \$25 - \$100 B = \$101-\$1,000 C = \$1,001- \$5,000 D= \$5,001 - \$25,000 E = \$25,001 - \$75,000 F = \$75,001 - \$100,000 G = \$100,001 or more
<p><i>Examples:</i></p> <p><i>XYZ Corporation, 246 Main Street, Anytown, USA</i></p> <p><i>Main Street Bank, 100 Main Street, Anytown, USA</i></p>	<p><i>Example:</i></p> <p><i>Production Supervisor</i></p> <p><i>Interest on savings account</i></p> <p><i>Mutual Fund</i></p>	<p><i>Example:</i></p> <p><i>Self</i></p> <p><i>Self</i></p> <p><i>Self</i></p>	<p><i>E</i></p> <p><i>A</i></p> <p><i>B</i></p>

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Name and address of person or entity for whom services were rendered.	Description of the services rendered for the payment, compensation, or consideration.	Person to whom such payments, compensation, or consideration were paid (Self, Spouse or Life-Partner, or dependents.) If dependent, list dependent's name.	Income Amount A = \$25 - \$100 B = \$101-\$1,000 C = \$1,001- \$5,000 D= \$5,001 - \$25,000 E = \$25,001 - \$75,000 F = \$75,001 - \$100,000 G = \$100,001 or more

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**Section 3. Other Activities.** Report any other positions you, your spouse or life-partner, or dependent(s) held during the reporting period for which no payments, compensation, or consideration were received. (Attach additional pages if necessary.) If you have nothing to report, please check the following:  Nothing to Report.

Person	Title of position and description of duties and responsibilities.	Name and address of entity with which the position is held.
<p><i>Example:</i> <i>Self</i></p> <p><i>Spouse</i></p>	<p><i>Example:</i> <i>Chairperson, National Association of Manufacturers. Chairperson responsibilities include: Calling and conducting meetings of the Board,</i></p> <p><i>Treasurer, Parent Teacher Association for Main Street Public Schools. Responsibilities include management of the PTA’s financial responsibilities, review audit and present budget.</i></p>	<p><i>Example:</i> <i>National Association of Manufacturers, 1331 Pennsylvania Ave., NW, Suite 600 Washington, DC 20004-1790</i></p> <p><i>Main Street Schools – PTA, 95 Main Street, Anytown USA.</i></p>

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**Section 4. Business Interests.** List all business interests of self, spouse or life-partner, and dependent(s), regardless of the form of the business (whether such business is a corporation, partnership, limited liability company, business trust, sole proprietorship, etc.) held at any time during the reporting period. (Attach additional pages if necessary.) If you have nothing to report, please check the following:  Nothing to Report.

Name of person (self, spouse or life-partner, or dependent(s)) holding the interest. If dependent, list the dependent's name.	Nature of interest.	Name and address of principal office of the business.
<i>Example:</i>  <i>Spouse</i>	<i>Example:</i>  <i>100% Owner</i>	<i>Example:</i>  <i>Jane Doe Printing Company, 123 Main Street, Anytown, USA</i>

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**Section 5. Investments.** List all investments held by self, spouse or life-partner, and dependent(s). Do not list mutual funds.

Name of person (self, spouse or life-partner, or dependent(s)) holding the interest. If dependent, list the dependent's name.	Name and address of entity	If a publicly traded company list the number of shares held. If not a publicly traded company, please estimate the percentage ownership.
<p><i>Examples:</i></p> <p><i>Self</i></p>	<p><i>Examples:</i></p> <p><i>Microsoft Corporation, 15010 NE 36th Street, Microsoft Campus, Building 92, Redmond, WA 98052</i></p>	<p><i>Example:</i></p> <p><i>100 shares of Commons Stock</i></p>

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**Section 6. Financial Obligations.** On behalf of yourself, spouse or life-partner, dependent(s), and any sole proprietorship owned by you, list all indebtedness of \$1,000 or more to any person, business entity or other organization other than: (1) indebtedness to your Immediate Family, (2) indebtedness that represents a mortgage on real property used exclusively as your principal residence, or (3) any indebtedness arising from transactions involving credit cards in the name of yourself, spouse or life partner, or dependents. (Attach additional pages if necessary.) For the debts of your sole proprietorship, list only those debts of \$7,500 or more. If you have nothing to report, please check the following:  Nothing to Report.

Name of Debtor.	Name and address of Creditor.	Are you current in your payments on this obligation?
<i>Examples:</i>  <i>Spouse</i>    <i>Self</i>	<i>Examples:</i>  <i>First National Bank, 100 Main Street, Anytown, USA</i>  <i>Auto Loan Corporation, 225 Main Street, Anytown, USA</i>	<i>Examples:</i>  <i>Yes</i>    <i>Yes</i>

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**Section 7. Interests in Real Property.** Describe all legal and beneficial interest(s) in real property held or acquired by you, your spouse or life-partner, or dependents during the reporting period, excluding real estate used as your principal residence. (Attach additional pages if necessary.) If you have nothing to report, please check the following:  Nothing to Report.

Name of person (self, spouse or life-partner, or dependents) holding the interest. If dependent, list dependent's name .	Property Address	The nature of the interest.
<i>Example:</i>  <i>Spouse</i>	<i>Example:</i>  <i>123 Main Street, Anytown, USA</i>	<i>Example:</i>  <i>100% Owner</i>

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**CERTIFICATION**

I, hereby swear, under penalty of perjury, that the statements and information provided on this Financial Disclosure Statement are complete, true and correct to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Notary

Printed Name of Notary \_\_\_\_\_

Acting in \_\_\_\_\_ County, \_\_\_\_\_

Commissioned in \_\_\_\_\_, County, \_\_\_\_\_

My Commission expires \_\_\_\_\_

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**ETHICS BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE**

Received by the Pokagon Band Ethics Board on \_\_\_\_\_ by \_\_\_\_\_.  
Date Print Name

Pursuant to Subsection 9.07 of the Ethics Code, the Ethics Board shall retain this Financial Disclosure Statement for at least four years following the conclusion of the discloser’s term of office or employment.

Reviewed by on the Ethics Board on \_\_\_\_\_.  
Date

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