

**UCHUCKLESAHT TRIBE**

**Integrity Act  
Department of Human Services  
Form DHS-3**

**DISCLOSURE STATEMENT –  
GIFTS AND PERSONAL BENEFITS**



**Date received:**

*(for Department of Human Services use only)*

*(Note: Please file a separate disclosure statement for each gift or personal benefit received as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of your position)*

<b>Name of Uchucklesaht government representative making this disclosure statement:</b>			
<b>Description of the gift or personal benefit:</b>			
<b>Name of the person the gift or personal benefit was received from:</b>			
<b>Date Received:</b>		<b>Value:</b>	

**DECLARATION:**

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date