UCHUCKLESAHT TRIBE **Integrity Act** **Department of Human Services** **Form DHS-1** **DISCLOSURE STATEMENT – PRIVATE INTERESTS**		**Date received:** *(for Department of Human Services use only)*

A. PERSONAL INFORMATION	
Name of Uchucklesaht government representative making this disclosure statement:	
Name of spouse:	
Names of sons and daughters:	
Names of parents:	
Names of siblings:	

DEFINITIONS:

"immediate family" has the meaning given to that term in the Integrity Act;

"spouse" has the meaning given to that term in the Interpretation Act; and

"Uchucklesaht government representative" has the meaning given to that term in the Interpretation Act.

B. FOR-PROFIT CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS and OTHER BUSINESS ENTITIES in which the Uchucklesaht government representative or his or her immediate family has an interest

Name of Uchucklesaht government representative or immediate family member holding the interest:	**Name of entity:**	**Extent of the interest:** *(%)*

(Note: please attach additional pages if required)

C. NOT-FOR-PROFIT ORGANIZATIONS OR CHARITIES in which the Uchucklesaht government representative or his or her immediate family holds a membership	
Name of Uchucklesaht government representative or immediate family member holding the membership:	**Name of entity:**
(Note: please attach additional pages if required)	

D. For-profit corporations, not-for-profit organizations or charities of which the Uchucklesaht government representative or his or her immediate family is a DIRECTOR, an OFFICER or BOTH		
Name of Uchucklesaht government representative or immediate family member holding the position:	**Name of entity:**	**Position(s) held:**
(Note: please attach additional pages if required)		

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