

**UCHUCKLESAHT TRIBE**

**Integrity Act  
Department of Human Services  
Form DHS-2**

**DISCLOSURE STATEMENT –  
SUPPLEMENTAL**



**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.





**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**

<b>Name of Uchucklesaht government representative or immediate family member holding the position:</b>	<b>Name of entity:</b>	<b>Position(s) held:</b>

*(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.

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Signature

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Date