## **UCHUCKLESAHT TRIBE**

Integrity Act Department of Human Services Form DHS-1





## **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: (%) |
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| (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: |  |
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| (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: |
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| (Note: please attach additional pages if required)   |                 |                   |

## **DECLARATION:**

| I hereby swear or affirm that the information in this posts of my knowledge. | ublic disclosure statement is accurate and complete to the |
|--|--|
|  |  |
|  |  |
| Signature  | Date   |