**DISCLOSURE of Appearance of Conflict or Impaired Judgment**

**SMC 4.16.070.G**

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| --- | --- |
| Name (please print): |  |
| Advisory Committee: |  |
| Descriptionof the Action the Committee has under consideration: |  |
| I publicly disclose the following facts, which a reasonable person could believe would impair my independence of judgment on the Action now under consideration bymy Committee: |  |
| Signature: |  |
| Date: |  |

Please make this disclosure on the record of your committee meeting and file a copy with your staff contact and with the Commission at the post office box, fax number, or e-mail address below.

Please call the Seattle Ethics and Elections Commission at 684-8500 with any questions you have about completing this form.

Attach additional pages if necessary.