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

**SMC 4.16.070.G**

|  |  |
| --- | --- |
| Name (please print): |  |
| Advisory Committee: |  |
| Description  of 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 by  my 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.