

# Statement of Financial Disclosure

## Personal Information

Full Name:

Position/Title:

Organization:

Reporting Period:

## Financial Interests

Type of Interest	Description	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Liabilities

Creditor	Description	Outstanding Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Certification

I hereby certify that the information provided above is true and complete to the best of my knowledge.

Signature:

Date: