CHARTER TOWNSHIP OF CLINTON
FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICIALS

In accordance with the Charter Township of Clinton Ethics Policy, Public Officials must complete this form in full and file it with the Human Resources Department within 30 days of taking office.

Questions should be directed to the Human Resources Department, 40700 Romeo Plank Rd., Clinton Township, MI 48038, Telephone (586) 286-9341.

FORM MUST BE FILED WITH THE HUMAN RESOURCES DEPARTMENT WITHIN 30 DAYS OF TAKING OFFICE

GENERAL INFORMATION

Date of Statement: 04/09/2019

First Name: **Kim**

Last Name: **Meltzer**

Street Address: 18300 Tara Dr.

City: Clinton Township State: MI Zip Code: 48036

Township Position: Clerk

PART A -- CURRENT EMPLOYER(s)

List the name and address of each full and part-time employer(s) with which the filer currenly holds a position. Include all public and private sector employment other than your employment with Clinton Township. For the purpose of this section, an employer is one who provides you with a W-2 form.

Employer Name: None

Title/Position:

Employer Address:

Employer Name:

Title/Position:

Employer Address:

Employer Name:

Title/Position:

Employer Address:

Save Form

PART B -- CORPORATE AND NON-PROFIT POSITIONS

List the name and address of any entity on which the filer serves as an officer, director, member, or partner, and receives compensation.

Organization Name: Clinton River Watershed Council
Title/Position: Board of Directors
Address: 1115 W Avon Rd, Rochester, MI 48309

Organization Name: Macomb Food Program
Title/Position: Board of Directors
Address: 44900 Vic Wertz Dr, Clinton Twp, MI 48036

Organization Name:
Title/Position:
Address:

Organization Name:
Title/Position:
Address:

Organization Name:
Title/Position:
Address:

PART C -- INVESTMENT HOLDINGS

List the name of individual stocks held by the filer which represent 10% or more ownership interest of an entity. If ownership interest in a stock was acquired through a public exchange or publically traded mutual fund, disclosure is not required.

Name of Issuing Company	ADDRESS
None	

Save Form

PART D -- DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY

List each business in which the filer holds a direct ownership interest worth at least 10% or $50,000.

Name of Business	ADDRESS
None	

PART E -- PROPERTY OWNERSHIP

List all real property owned by the filer located within Clinton Township and/or contiguous to the Township.

ADDRESS

18300 Tara Dr. Clinton Twp Clinton Twp. MI 48036

ATTESTATION

I hereby acknowledge that the information contained herein is to the best of my knowledge true, correct, and complete. I further certify that I have not and will not transfer any asset or interest for the purpose of concealing it from disclosure while retaining an equitable interest therein.

Filer's Signature: Kim Meltzer Digitally signed by Kim Meltzer Date: 2019.04.10 10:24:31 -04'00' Date:

Save Form