

# PERSONAL DISCLOSURE STATEMENT FOR PUBLIC OFFICIALS

## Personal 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**

Date of Statement 5/12/2022

### GENERAL INFORMATION

First Name Joie

Last Name West

Street Address 20752 Aldo Court

City Clinton Twp.

State MI

Zip 48038

Township Position Trustee

### Step 2

#### PART A - CURRENT EMPLOYER(S) - SOURCES OF EARNED INCOME

List the name and address of each full and part-time employer(s) with which the filer currently 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 or 1099NEC.

Employer Name Dr. Ann Hawkins Hood; [www.responders1stcall.com](http://www.responders1stcall.com)

Title/Position business development

Employer Address Flordia

Employer Name Tri-County Chamber of Commerce (1099)

Title/Position	Business development; chamber connect
Employer Address	59 s. walnut st. mt. clemens MI 48043
Employer Name	Non-Profits- Warrent Community Foundation & North Gratiot Cruise Foundation
Title/Position	Grant writer; team member
Employer Address	59 s. walnut st. mt. clemens MI 48043

### Step 3

#### PART B - CORPORATE & 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's Name	MSU- President's Advocate Advisory Group
Title/Position	Advocate
Address	East Lansing 48824
Organization's Name	MSU extension- Macomb
Title/Position	Leadership Council Member
Address	VerKugillen Building
Organization's Name	PFAC Committee- Henry Ford Health System
Title/Position	PFAC member
Address	19 mile rd. Clinton Twp.
Organization's Name	<i>Field not completed.</i>
Title/Position	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Organization's Name	<i>Field not completed.</i>
Title/Position	<i>Field not completed.</i>
Address	<i>Field not completed.</i>

### Step 4

#### PART C - OTHER INCOME SOURCES

List the name and a general description of each source of income generated by the filer. The Internal Revenue Service definition of "income" for the filing of Federal tax returns is the definition of "income under this Policy. General description can include: stocks, mutual funds, bank accounts, etc.

Name of Issuing Company	Ameriprise Corp.
Description	<i>Field not completed.</i>
Name of Issuing Company	TIAA
Description	<i>Field not completed.</i>
Name of Issuing Company	Fidelity
Description	<i>Field not completed.</i>
Name of Issuing Company	<i>Field not completed.</i>
Description	<i>Field not completed.</i>
Name of Issuing Company	<i>Field not completed.</i>
Description	<i>Field not completed.</i>

**Step 5**

**PART D - DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY**

List each business in which the filer holds a direct ownership interest worth at least 5% or \$50,000.

Name of Business	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Name of Business	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Name of Business	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Name of Business	<i>Field not completed.</i>
Address	<i>Field not completed.</i>
Name of Business	<i>Field not completed.</i>
Address	<i>Field not completed.</i>

**Step 6**

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**PART E - PROPERTY OWNERSHIP**

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

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Address	20752 Aldo Ct. Clinton Twp. MI 48038
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Address	331 Lakeview #12 Port Austin, MI 48467
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Address	<i>Field not completed.</i>
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Address	<i>Field not completed.</i>
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**Step 7**

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**ATTESTATION**

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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.

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Electronic Signature Agreement	I agree.
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Electronic Signature	Joie West
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Date:	5/12/2022
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Email not displaying correctly? [View it in your browser.](#)