

From: noreply@civicplus.com
To: [HR](#)
Subject: Online Form Submittal: PERSONAL DISCLOSURE STATEMENT FOR PUBLIC OFFICIALS
Date: Tuesday, October 19, 2021 8:48:44 AM

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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	10/19/2021
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GENERAL INFORMATION

First Name	Paul
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Last Name	Gielegem
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Street Address	37905 E Horseshoe Dr
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City	Clinton Township
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State	MI
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Zip	48036
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Township Position	CLINTON TOWNSHIP
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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	Charter Township of Clinton
Title/Position	Treasurer
Employer Address	<i>Field not completed.</i>
Employer Name	<i>Field not completed.</i>
Title/Position	<i>Field not completed.</i>
Employer Address	<i>Field not completed.</i>
Employer Name	<i>Field not completed.</i>
Title/Position	<i>Field not completed.</i>
Employer Address	<i>Field not completed.</i>

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	None where Compensation is received.
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>
Organization's Name	<i>Field not completed.</i>
Title/Position	<i>Field not completed.</i>

Address *Field not completed.*

Organization's Name *Field not completed.*

Title/Position *Field not completed.*

Address *Field not completed.*

Organization's Name *Field not completed.*

Title/Position *Field not completed.*

Address *Field not completed.*

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 Putnam Investestment

Description Mutual Funds

Name of Issuing Company American Funds

Description Mutual Funds

Name of Issuing Company Franklin Templeton Investments

Description Mutual Funds

Name of Issuing Company *Field not completed.*

Description *Field not completed.*

Name of Issuing Company *Field not completed.*

Description *Field not completed.*

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 None

Address *Field not completed.*

Name of Business *Field not completed.*

Address *Field not completed.*

Name of Business *Field not completed.*

Address *Field not completed.*

Name of Business *Field not completed.*

Address *Field not completed.*

Name of Business *Field not completed.*

Address *Field not completed.*

Step 6

PART E - PROPERTY OWNERSHIP

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

Address 37905 E Horseshoe Dr Clinton Twp., MI 48036

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Field not completed.

Address

Address

Field not completed.

Step 7

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.

Electronic Signature
Agreement

I agree.

Electronic Signature

Paul R. Gielegem Jr.

Date:

10/19/2021

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