

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 | 11/19/2022 |
|-------------------|------------|

GENERAL INFORMATION

| | |
|------------|------|
| First Name | Joie |
|------------|------|

| | |
|-----------|------|
| Last Name | West |
|-----------|------|

| | |
|----------------|----------------------|
| Street Address | 38666 Moravian Drive |
|----------------|----------------------|

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|------|--------------|
| City | Clinton Twp. |
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|-------|----|
| State | MI |
|-------|----|

| | |
|-----|-------|
| Zip | 48036 |
|-----|-------|

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|-------------------|---------|
| 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 |
| 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 *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.*

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 331 Lakeview #12 Port Austin, MI 48467

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

Address *Field not completed.*

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 Joie West

Date: 11/9/2022

Email not displaying correctly? [View it in your browser.](#)