

MIAMI-DADE COUNTY

AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 2-11.1 (f) COMPULSORY DISCLOSURE OF EMPLOYMENT WITH AN ENTITY CONDUCTING BUSINESS WITH THE COUNTY WHERE NO CONTROLLING FINANCIAL INTEREST EXISTS.

I _____ (Check One):

(Print or Type Name)

Am a departmental Personnel (Department Head, County Attorney and Assistant County Attorney) or County employee serving as a(n) _____ in the _____ Department.

OR

Have an "immediate family member" (spouse, domestic partner, parent, step-parents, children, and step children) employed by a corporation, firm, partnership, or business entity doing business with the County.

I depose under oath or affirmation (Check One):

That I am employed by _____, a corporation, firm, partnership, or business entity as a(n) _____; in which I do not have a controlling financial interest (defined as 10% or more in the Miami-Dade Code at Section 2-11.1((b)(8)), which contracts with the County or any County agency, or is subject to regulation by the County or any of its agencies.

OR

That a member of my immediate family is employed by _____, a corporation, firm, partnership, or business entity as a(n) _____; in which he or she does not have a controlling financial interest(defined as 10% or more in the Miami-Dade Code at Section 2-11.1((b)(8)), which contracts with the County or any County agency, or is subject to regulation by the County or any of its agencies.

Through this affidavit, pursuant to the Miami-Dade Code at Sections 2-11.1(g) and (j), I further affirm that:

I have requested and received permission to engage in outside employment from my Department Director.

I do not lobby the County on behalf of this entity, nor do I oversee either the selection or the administration of any contract this entity holds with the County.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20_____,

by _____
(Name of Person Making Statement)

(Signature of Notary Public, State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me _____ Or Produced Identification _____ Type of Identification Produced: _____

File this form with the Miami-Dade Clerk of the Board at Clerk.Board@miamidade.gov.