

City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3316



(RETURN COMPLETED APPLICATION TO ABOVE ADDRESS)

APPLICATION FOR CITY COUNCIL

APPLICATIONS DUE TO THE CITY CLERK BY SEPTEMBER 9, 2016 at NOON

Check box to keep application confidential

Thank you for your interest in serving on City Council. The purpose of this form is to provide the Mayor and City Council with basic information about applicants considered for appointment.

(PLEASE PRINT OR TYPE)

Date: _____

Name (Mr/Mrs/Ms): _____

Phone: _____

Address: _____

City/Zip _____

Employer: _____

Phone: _____

Address: _____

City/Zip _____

How long have you lived continuously in the City of Troy? _____

E-Mail: _____

Are you a registered voter in the City of Troy? Yes No

(Verified by Clerk's Office)

Are you affiliated with any political party? Yes No

Are you a graduate of Troy's Citizen Academy? Yes No

Are you related to an elected official or employee of the City of Troy? Yes No

Insert your relationship to elected official or employee of the City of Troy: _____

Have you ever been convicted for anything other than a minor traffic violation? Yes No

City Administration utilizes electronic methods to disseminate information for meetings. Are you able to take advantage of electronic documents (email, Internet access, home computer)? Yes No

Professional Qualifications and/or Work Experience: _____

Community Activities and/or Other Experience: _____

Educational Background: _____

References (Please list name and address): _____

Indicate reasons for desiring to serve: _____

Applicant's Signature: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

- Confirmed voter status Confirmed current *Full Disclosure Statement* on file
- Confirmed compliance with applicable federal, state and local statutes

Confirmed by: _____

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(Submit Completed Form to Above Address)



FULL DISCLOSURE STATEMENT – CANDIDATE

APPLICATION ON FILE FOR THE FOLLOWING:

Mayor

City Council

Name:

(Last)

(First)

(Middle Initial)

(Spouse)

Home Address:

(Street Number & Name)

(City)

(State)

(Zip)

Section I – Real Estate: **Property A**

NOTE: The following statements must include your spouse, children and the spouse of your children:

- Not Applicable:** I do not own wholly or a portion of the above real estate listed as my home address.
- I hereby disclose, report and declare that the following is a complete description of the above real estate listed as my home address and is owned wholly or in part (through combines, blood relations, part ownerships or other associations).

Co-Owner(s): _____

Sidwell/Parcel #: _____

Town & Range: _____

Subdivision/Condo Name: _____

Sec. #: _____

Lot #; Bldg#; &/or Unit #: _____

Acres or Lot Size: _____

- Check box** if supplementary sheets listing additional property(ies) are attached and designate it as "Schedule A".

Section I – Real Estate: **Property B**

NOTE: The following statements must include your spouse, children and the spouse of your children:

- Not Applicable** - I do not own any other real estate wholly or a portion of any real estate.
- I hereby disclose, report and declare that the following is a complete listing of all real estate or portions of real estate owned wholly or in part (through combines, blood relations, part ownerships or other associations).

Property Address: _____

(Street Number & Name)

(City)

(State)

(Zip)

Co-Owner(s) &/or Principal Officers: _____

Sidwell/Parcel #: _____

Town & Range: _____

Subdivision/Condo Name: _____

Sec. #: _____

Lot #; Bldg#; &/or Unit #: _____

Acres or Lot Size: _____

- Check box** if supplementary sheets listing additional property(ies) are attached and designate it as "Schedule B".

Section II – Business Firms:

Not Applicable

I hereby disclose, report and declare that the following is a complete listing of all organizations in which I presently possess, or have, during the past twelve (12) months, possessed ownership interests. This includes all corporations, partnerships, private ventures, sole ownerships or proprietorships which are doing, or have done, business in the City of Troy, and those located in the City of Troy.

a. **Name of Firm & Principal Officers:** _____
Principal Address of Firm: _____

b. **Name of Firm /& Principal Officers:** _____
Principal Address of Firm: _____

Check box if supplementary sheets listing additional organizations are attached and designate it as "Schedule C".

Section III – Contributions, Donations, and Gifts :

Not Applicable

The following is a true and complete list of all contributions, donations, and/or gifts, received from land developers, real estate companies, real estate brokers, contractors, and/or any combination of businesses or firms doing business with the City of Troy requiring licenses, permits, zoning changes, or variances required to operate in the City of Troy.

Campaign Contributions:

Date and Type of Contribution: _____

Name of Contributor’s Firm: _____

Principal Address of Firm: _____

Name of Individual Granting: _____

Names of Relatives/Relations Receiving Such Grants: 1. _____
2. _____
3. _____
4. _____

Check box if supplementary sheets listing additional contributions are attached and designate it as "Schedule D".

Check box if Michigan Department of State "Campaign Finance Statement" is attached itemizing Candidate Committee campaign contributions.

Check box if Michigan Department of State "Campaign Finance Statement" can be accessed at: http://www.oakgov.com/clerkrod/division_committee/elections/campaign_finance.html

I hereby certify that the above statements are true and accurate.

X

(Signature Required)

(Date)