

096189

UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT
(Pursuant to and In Compliance With Indiana Code [35-44-1-3])

A public servant who knowingly or intentionally has a pecuniary interest in or derives a profit from a contract or purchase connected with an action by the governmental entity served by the public servant has a conflict of interest subject to disclosure. A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result or is intended to result in an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant. "Dependent" means any of the following: the spouse of a public servant; a child, stepchild, or adoptee (as defined in I.C. 31-3-4-1) of a public servant who is unemancipated and less than eighteen (18) years of age; and any individual more than one-half (1/2) of whose support is provided during a year by the public servant.

1. Name and Address of Public Servant Submitting Statement: Michael E. Ellis
315 N. Wabash Street, Hobart, IN 46342

2. Title or Position with Governmental Entity: Park Superintendent

3. a. Governmental Entity: Hobart Park & Recreation Department

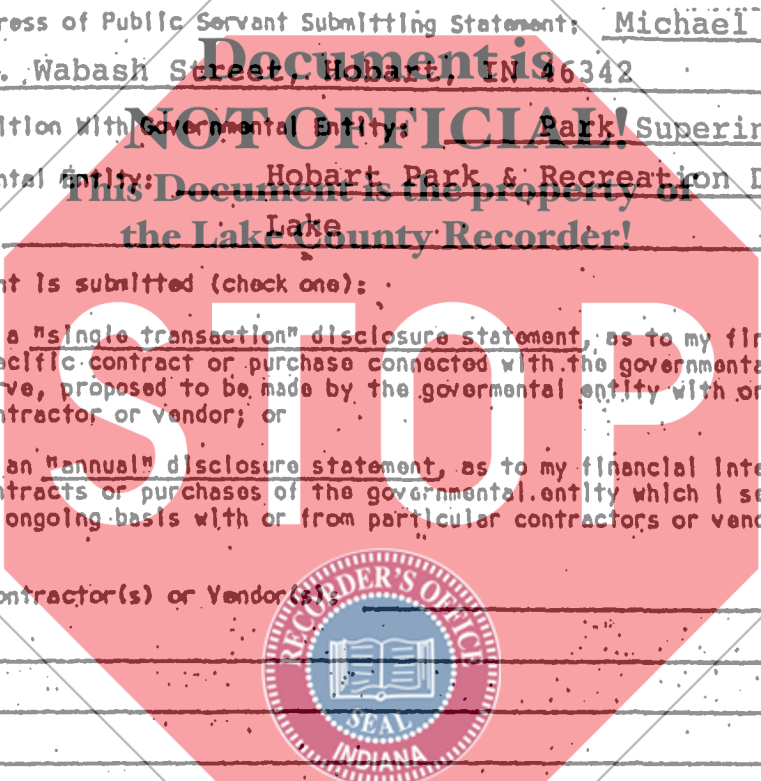
b. County: Lake

4. This statement is submitted (check one):
a. as a "single transaction" disclosure statement, as to my financial interest in a specific contract or purchase connected with the governmental entity which I serve, proposed to be made by the governmental entity with or from a particular contractor or vendor; or
b. as an "annual" disclosure statement, as to my financial interest connected with contracts or purchases of the governmental entity which I serve, which are made on an ongoing basis with or from particular contractors or vendors.

5. Name(s) of Contractor(s) or Vendor(s):

6. Description of Contract(s) or Purchase(s) (Describe the kind of contract involved, and the effective date and term of the contract or purchase if reasonably determinable. Dates required if 4(a) is selected above. If "dependent" is involved, provide dependent's name and relationship):

Summer employment of my dependent, unemancipated son
Michael E. Ellis II as a lifeguard/supervisor with the
Hobart Park Department from May 1990 thru August 1990
having been employed in said position for the previous
five years.



STATE OF INDIANA
LAKE COUNTY
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7. Description of My Financial Interest (Describe in what manner the public servant or "dependent" expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contract(s) or purchase(s); if reasonably determinable, state the approximate dollar value of such profit or benefit.);

Dependent will receive an hourly wage working approximately
40 hours per week for approximately 14 weeks.

(Attach extra pages if additional space is needed.)

8. Approval of Appointing Officer or Body (To be completed if the public servant was appointed by an elected public servant or the board of trustees of a state-supported college or university): I (We) being the Mayor, City of Hobart, Margaret J. Kuchta of the Lake County Recorder! (Name of Governing Body)

City of Hobart, IN and having the power to appoint the above named public servant to the public position to which he or she holds, hereby approve the participation of the appointed disclosing public servant in the above described contract(s) or purchase(s) in which said public servant has a conflict of interest as defined in Indiana Code §35-44-1-3; however, this approval does not waive any objection to any conflict prohibited by statute, rule, or regulation and is not to be construed as a consent to any illegal act.

Margaret J. Kuchta Mayor

Elected Official

Office

9. Effective Dates (Conflict of Interest statements must be submitted to the governmental entity prior to final action on the contract or purchase.);

Date Submitted

Date of Action on Contract or Purchase

10. Affirmation of Public Servant: This disclosure was submitted to the governmental entity prior to final action on the contract or purchase. I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am the above named public servant.

Signed:

Michael E. Ellis
(Signature of Public Servant)
Michael E. Ellis

Date:

4-19-90

Within 15 days following execution, copies of this statement must be filed with the State Board of Accounts, Room 912 State Office Building, Indianapolis, Indiana, 46204, and the Clerk of the Circuit Court of the county in which the governmental entity executed the contract or purchase. A copy of this disclosure will be forwarded to the Indiana State Ethics Commission.