

THE STATE OF TEXAS §

AFFIDAVIT ON ABSTENTION FROM VOTING

COUNTY OF DENTON §

I, \_\_\_\_\_, as a City Official of the City of Denton, Texas, make this affidavit and hereby on oath state the following:

I have a Conflicting Interest that would be specially affected by a vote or decision of Item \_\_\_\_\_, ID No. \_\_\_\_\_ listed under the \_\_\_\_\_ section of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Agenda, as those terms are defined in Chapter 2 Article XI of the City of Denton Code of Ordinances.

Item \_\_\_\_\_

ID No. \_\_\_\_\_

[caption]

Each of the following categories constitutes a Conflicting Interest under the City’s Ethics Ordinance. I have a Conflicting Interest for the following reason(s): (check all which are applicable)

- \_\_\_ Ownership of 5% or more of the voting stock or shares of the business entity.
- \_\_\_ Ownership or receipt of \$600.00 or more of the fair market value of the business entity.
- \_\_\_ Funds received from the business entity exceed \$600.00 gross income for the previous year.
- \_\_\_ Ownership of an interest in real property with a fair market value of more than \$600.00.
- \_\_\_ A relative of mine related in the third degree by either affinity or consanguinity has a Conflicting Interest in one or more of the four categories listed above that would be affected by a decision of the public body of which I am a member.
- \_\_\_ I have a Conflicting Interest because I serve on a Board of Directors or as an Officer of the business entity or non-profit corporation that the above Agenda Item relates to.

Upon the filing of this affidavit with the City Auditor, or Acting City Auditor, I affirm that I will abstain from voting or deliberating on any decision involving this Conflicting Interest and from any further participation in this matter whatsoever.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Public Official

\_\_\_\_\_  
Title

BEFORE ME, the undersigned authority, this day personally appeared \_\_\_\_\_ and on oath stated that the facts hereinabove stated are true to the best of her/his knowledge or belief.

SWORN TO AND SUBSCRIBED BEFORE ME, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas  
Commission Expires: \_\_\_\_\_